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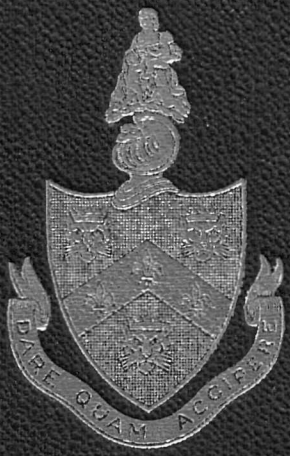

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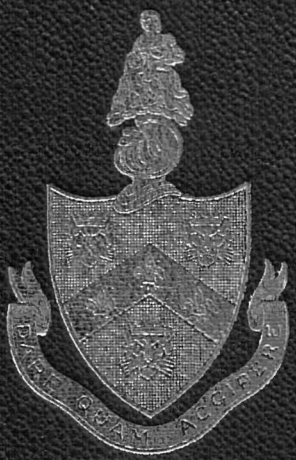

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GUY'S HOSPITAL

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

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PASSIM

"I had hoped" wrote the Director of the Department of Surgery to *The Times* "that those finally responsible for the adoption of the open ward policy at Guy's would have replied to Dr. Stark Murray's letter." How we all had hoped!

The letter to which Mr. Hedley Atkins referred was one given prominence in *The Times* criticising the new surgical building. Hopefully we looked daily for an official reply. Whether we agreed with the open ward policy or not, whether we agreed that bedside teaching was the absolute ideal or not, was immaterial; all concerned with the Hospital hoped for some official reply to what was a well publicised attack upon Hospital policy. Whilst everyone hung back modestly waiting for someone better qualified to answer, it was left to a houseman (trained at Charing Cross) to come to the rescue of Guy's, and we all breathed a sigh of relief. A few days later Mr. Atkins' letter appeared, welcome even though it disclaimed authority.

Hospitals are news and Guy's is better news than most. Publicity is to be expected and it can so easily be turned to good advantage that it need not be feared. Ill-informed comment or criticism needs to be answered. The subject may be of national importance or only of minor curiosity but it still deserves comment. It is only a few months since the fraternal squabble in *The Sunday Times* over the ownership of Keats and Astley Cooper had to be ended by a timely knock-out blow from the Wills' Librarian.

It is unfortunate that Public Relations Officials and Press Officers are so looked down upon, and that to advise a P.R.O. is almost an improper suggestion. Such officials can be excellent and on occasion serve their private or public concerns nobly: the Post Office have a remarkably able and humorous man who leaps into print at the least provocation. There are many people at Guy's who could look after our interests equally well; but the present uncertain delegation of responsibility makes for poor publicity.

It would be good to know that there was one person responsible for all publicity, to whose attention could be drawn any printed criticism or comment. Failing that, it would help if we knew for sure that there was no such person; upon which all of us who care for the name of Guy's could take up our pens in its defence without thought of accusations of presumptuousness or self-advertisement.

We are sad to record the death of two well respected members of the Hospital: Mr. Henry Levitt, a Governor and enthusiastic worker for Guy's since 1948, and Mr. Ireland of the Gordon Museum. We offer our sympathy to their families.

There will be a Memorial Service for Mr. Henry Levitt on Monday, 6th February in the Hospital Chapel at 12.30 p.m.

It is good to hear of the proposed Brains Trust on General Practice which is to be held next week.

Doctor Douthwaite will head the distinguished panel, and with retirement approaching this is likely to be his farewell performance in the Anatomy Theatre. We are very glad that it should concern General Practice, for by his frequent references to the virtues and difficulties of Practice he has done much to raise its status in the eyes of many students. He provides always an antidote to the specialists who infer that General Practice exists only for doctors who have "fallen off the professional ladder", and it is most welcome to the many whose choice of life is as a family doctor.

It took them three and a half years to build Brazilia, three and three-quarters to build the Chiswick fly-over, six and forty to build the temple of Solomon; but the Guy's Gantry over Great Maze Pond seems literally to have sprung up overnight. Its origins are obscure, though the down-to-earth scaffolding smacks of good British workmanship. As to its function, the imagination conjures up many fascinating possibilities: an overhead fuel pipe-line for the prospective Heliport on the car-park ? A different type of fuel pipe-line from The George to the Residents' Room ? A police crane to grab the parking offender with a huge claw and throw him back into the seething traffic of St. Thomas's Street ?

Our guess is that when New Guy's House opens, with the confusion of ambulances extricating themselves from illicitly parked cars, pedestrians wishing to reach the College from the Park will be driven underground—or up in the air ?

IN BRIEF :

In the New Year's Honours the O.B.E. has been awarded to Dr. B. O. L. Duke, Senior Medical Research Officer of the West African Council for Medical Research. Mr. J. Lewin, F.R.C.S., receives the same award for his services as Chairman of the King's Lynn National Savings Committee.

Dr. T. Turner receives the M.B.E. for his services as Chairman of the Eastbourne Sea Cadets.

The Quodlibet Society are to entertain Dr. William Sargent next month. He will lead a discussion on "The mechanics of religious conversion and brain washing."

One of the six £40 prizes offered by the College of General Practitioners for writing up a case seen in General Practice has been won by Mr. Nils Jensen a final year student. The article will be published in the College Journal later this year.

The Theatre Club is to produce Peter Ustinov's "Romanoff and Juliet" next March.

We must scotch the rumour that the Hospital W. H. Smith's is using *Lady Chatterley's* promiscuous income for expanding its premises. The building behind the bookshop which is growing at a great pace is the new bakery. It may not be beautiful but it looks a lot better than the piles of milk bottles and crates which it has displaced.

GUY'S DIARY

JANUARY			Exhibition. *Surgical Treatment of Pain.*
16th	M	1.00	Mr. Kinder. Clinical Lecture. *Aetiology and Prevention of Urinary Calculi.*
17th	T	1.00	Mr. Blackburn. Clinical Lecture. *Thyrotoxicosis.*
19th	Th	1.00	Mr. Wass. Clinical Lecture.
		5.30	Anatomy Theatre: *A Brains Trust on General Practice.*
20th	F	1.00	Dr. MacLean. Clinical Lecture.
21st	S	2.30	Rugby. Guy's v. Old Alleynians at Dulwich.
23rd	M	1.00	Mr. M. Falconer. Clinical Lecture.
24th	T	1.00	Dr. MacKenzie. Clinical Lecture. *The Cerebral Angioma.*
26th	Th	1.00	Mr. Lawrie. Clinical Lecture.
27th	F	1.00	Dr. Houston. Clinical Lecture.
28th	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
		2.30	Rugby. Guy's v. Devonport Services at Devonport.
30th	M	1.00	Mr. Ross. Clinical Lecture.
31st	T	1.00	Dr. Hills. Clinical Lecture.

OBITUARIES

HENRY LEVITT

The National Health Service brought a major change in the management of teaching hospitals. There was concern about the new service, about new controls and, not least, about the new men and women who would influence future policy. Many who had given long service on Boards of Governors were replaced by nominees of the Minister. Thus Henry Levitt came to Guy's.

He came with the reputation of being a tough, forthright, highly skilled Trade Union negotiator of strong political convictions. He was a new experience for many of his colleagues on the Board. Let us be frank and admit that some were worried about the new men and women who were coming into the service of the Hospital. It was the warmth of welcome of Bertie Lees Read that made all the difference. He said to Levitt, as he later said to me, "I don't mind where you come from. Within six months you will be a Guy's man. Guy's gets in your blood".

Henry Levitt's new colleagues early recognised his ability to diagnose a problem and to suggest a common sense and practical solution. He was a born committee man, a powerful advocate, a man to be used in the councils of the Hospital.

On the House, Remuneration and Establishments and Catering Committees he made notable contributions including a long spell as Chairman of the Catering Committee. He sat too on the York Clinic Council. He represented the Board on the Governing Boards of both the Medical School and College and did splendid work in fostering the harmony and good relations which are so essential in a teaching hospital.

It was foreign to his nature for him to be a passenger on a Committee. He gave all of his undoubted ability wherever and whenever the Hospital wished. I had the feeling that in serving Guy's Henry Levitt found a deep satisfaction which often eluded him in his daily tasks.

His good humour and friendly interest were known to a circle of Guy's people much wider than those whom he met on Committees. He would often visit a ward for a chat with a Sister, have a stroll through the Kitchens and then stop for a gossip at the Porter's Lodge. He was interested in people and what they were doing.

Our sympathies are extended to his relatives with the thought that his passing is a great loss to the Hospital and is widely regretted. Guy's was in his blood.

R.A.H.

S. F. IRELAND

Hundreds of Guy's men and women will be genuinely saddened by the news that Ireland is dead—after a short illness that took him from his Museum just before Christmas. It is nearly 45 years since he came to Guy's as a boy of 14; his whole life was devoted to the Gordon Museum, the Hospital and their staffs with a simplicity of affection and regard that was transparent to everyone. He belonged to the older generation of servant—in the best sense of this undervalued word, a quiet man of integrity and a simple loyalty whose courtesy to the stream of visitors who poured through the Museum from all over the world was of inestimable value. Hours of duty and conditions of service were nothing to him for this was his beloved Guy's and the Museum to which he had walked across the way from his home in the Borough for 40 years—his Museum—was undoubtedly the place where he was happiest. Here he had seen famous Guy's men come and go and leave their mark—Lane, Fagge, Fawcett, Beddard, Cameron, Hurst, Ryle, Adrian Stokes, Herbert French, Davies Colley, his Curator for so many years, and the man he (with no small experience of the genus) regarded as the best lecturer Guy's ever had, T. B. Johnston—he knew them all and loved to reminisce about them. No more devoted servant of the Hospital ever existed, and his quiet courtesy, encyclopaedic knowledge of his Museum, his concern to see that the smallest problem of any visitor was attended to, the genuine interest he showed in any 'little specimen' that came over to him for preservation or study will be sorely missed. He was only 59 and appeared to be ageing well—indeed only last year found great happiness in marriage for the first time in his life. Fate has snatched away a really nice man of genuine character who gave a life of useful service to Guy's and in whose going many of us will feel a personal loss. Such men are no mere technical assistants: they bring things of more lasting value than technical talent to their jobs and are of inestimable value to the goodwill and purpose of any institution.

K.S.

NEW GUY'S HOUSE

This review of the building written for "The Architects' Journal" is of singular interest in that it contains some answers by the architect to recent criticism. We are most grateful to the Editor of "The Architects' Journal" for permission to reprint the article.

The new surgical block at Guy's Hospital, London, costing £2¼ million, is the first of many schemes involving extensive rebuilding of established hospitals in city or town centres. Each hospital has its particular set of problems requiring a different solution. Nevertheless, the difficulties in any scheme and the conclusions reached are of interest to all. It is, therefore, an appropriate moment to review the problems raised at Guy's and to discuss planning solutions.

One of the most difficult aspects of rebuilding hospitals on town sites is how to find space to build anew. In this case, thanks to the foresight of the Governors, space restriction was not an overriding factor. During the war the hospital was badly bombed, and it was clear that much rebuilding would be necessary if Guy's was to provide the same medical facilities as it had done previously. The Governors decided to increase the number of properties they already owned round the hospital, and eventually they acquired about seven acres of blitzed property to the east.

Another problem is to phase rebuilding so that the hospital can continue to provide a full service to patients. It was for this and other reasons that the first Guy's scheme was abandoned. It was originally proposed by the Governors to build a completely new hospital on the seven acres.

The scheme prepared was a star-shaped design. As a first phase, it was proposed to build two wings (about one-sixth of the total scheme). Although the two wings provided most of the surgical beds required, they did not make a complete unit, and it would have been practicable to use the wings only on a makeshift basis while other parts of the scheme were being built. In 1953-54 the country's economic situation could not permit the building of such a vast scheme. It appeared then that it would be a very long time before a complete hospital could be built, and the scheme was finally abandoned in 1954 when it was found that modifications would be necessary to meet town planning requirements of day-lighting.

A second firm of architects was then instructed to prepare a design for the following accommodation, mainly to replace the blitzed department: deep X-ray therapy, casualty, nine operating theatres with recovery beds, central sterilising departments and wards for 378 surgical beds, offices and teaching rooms. The architects were also instructed to design the scheme so that authorities were not committed to a fixed design for the whole hospital when building this ultimately became possible. These instructions were no doubt administratively desirable, especially in the light of the original

proposal, but it would have been better to ask the architect also to prepare a development plan on a schedule of requirements. This is not to say that a development plan should be irrevocable, but such a plan should be conceived in broad terms so that modifications can take account of latest medical ideas and requirements.

The architects have met the particulars of their brief regarding future expansion by concentrating all accommodation in one large 11-storey building and by siting the block on the southern part of the plot. But does this type of planning really meet the functional requirements of hospitals ?

Grouping of departments into one building has the advantage of compactness and short travel distances, but it will lead to difficulties that are already only too familiar in so many existing central hospitals, and where efforts have had to be made to provide the demands of an expanding department within a defined space.

A multi-storey building of such size is difficult to alter and adapt to meet the changing needs of each department, because relative sizes of each department cannot be altered to any great extent. In this case, the requirements are based on those thought necessary in 1954; modifications have of course been incorporated and plans brought up to date as work proceeded. Nevertheless, much of the planning is based on 1954-55 thinking, and however farseeing this may have been, change will inevitably become necessary within a few years of opening. For example, the requirements of neurosurgery and deep X-ray have changed considerably. Another example of developments in medical ideas is central sterilising departments; but in 1955 when the idea was first mooted, it was regarded as being new and experimental. There are many advantages in placing similar units such as wards one above the other, when engineering services can be grouped, integrated and rationalised; but few advantages can be claimed for thus planning dissimilar units. For example, wards demand different plan shapes and space requirements from theatre suites. The architects have overcome the problem by widening the building below the wards to house both operating theatres and central sterilising departments.

It is surprising that the open plan type of ward design has been adopted. To many this is a retrograde step. Since the war nearly all wards have been based on the Nuffield type plan, though a few are based on the Scandinavian or American corridor type. The writer cannot recall a single ward unit built on the open plan. It is claimed by the hospital authorities—and other teaching hospitals support their claim—that open plan is best for teaching purposes. This view may well be justified, but should it be given so much weight ? There are fluctuating demands between the specialties, and it is an advantage to have wards designed so that these changes in demands can easily be met. Although the ward unit can be large, it should be capable of sub-division into smaller units; for example, it should be possible to have part (not necessarily half) of a ward unit for men while the rest of the unit is for women. In each ward unit at Guy's provision is made for both men's and women's lavatories and bathrooms at the corner of the L-shaped plan.

Curtains can provide a certain amount of privacy for the patient, even in an open plan, but no amount of screening can overcome the patient's feeling of being one of a large number. There is also the problem of noise; so many patients grouped in one open area will be subject to a great deal of disturbance.

Patients will, however, be provided with many amenities: each bed will have a bed-head light, a radio plug, a call button and a telephone plug for personal calls. There is also a lavatory basin between every pair of beds.

The hospital is also going to continue its tradition of preparing breakfast in each ward unit, so that the food can be specially cooked and served to each patient.

As is to be expected in a modern hospital building, there are many engineering services provided. These include high pressure steam mains from the existing hospital boilers, heating plug outlets, lifts, pump fans and other machinery, gas, oxygen and suction pipes, ventilation ducts, as well as pneumatic tubes.

In the lower ground floor there is a horizontal service subway. Despite what seems generous provision of ducts, etc., for engineering services, insufficient thought appears to have been given to actual runs of various pipes, so that ducts are full of intertwining pipes and services. The lesson to be learnt from this is that a consulting engineer should be appointed in the early stages of design and that much more careful planning of services is necessary in new hospital buildings, if services are to be accessible for maintenance.

Commenting on various points raised in the foregoing article, the architect says :

Although in theory one should build all departments subject to change on the ground floor, as your writer points out, to do so would be impracticable. In all hospital buildings it is necessary to build some upper storeys, and as such they are subject to risk of alteration.

The theatre floors and departments of surgery, gynaecology and anaesthetics are generously planned. Spaces under the south wing are available for expanding the ground floor casualty department. The central sterile supply department is planned on such generous lines that we have been told it is superior to many in the United States: in any case there is a tendency to increase the use of consumable items, thus reducing the number of articles returnable for sterilising. The neuro-surgery department, in an undeveloped wing of the basement, has been planned much more recently than the rest of the building. The same applies to deep X-ray, which is already expanding at lower ground floor level to contain a linear accelerator not originally envisaged.

There is no question of allotting fractions of the fourteen wards to specialties or to different sexes. It is doubtful whether any wards would have to be sub-divided, although provision has been made for doing so.

Planning dissimilar units one over the other does not necessitate structural and engineering gymnastics, and such planning provides many advantages in vertical circulation that would be difficult to obtain in other forms of hospital building. For instance, lifts can keep to their respective areas; passenger lifts can be placed outside and bed lifts within operating theatre areas.

Dr. A. L. G. M. Rombouts of the hospital section of the Bouwcentrum in Rotterdam shares our alarm at the spread of the passion for small wards, which he attributes to the adoption by Scandinavia during the 40s of the American insurance-aided hospital plans. Both in Scandinavia and in America we have found doors propped open so that nurses could be sure that patients received attention at the right time. Dr. Rombouts says there is no real evidence that patients prefer the small ward. Most patients, some of whom have been medical staff, prefer the open ward to a small one where they would *have* to be happy with their neighbours.

Consulting engineers were appointed before the architects and should have been fully aware of the services required. The difficulty seems to be that until the consulting engineers have prepared their detailed drawings they are not able to say what space they require, and in the early stages they do not make sufficient allowance for unknown factors.

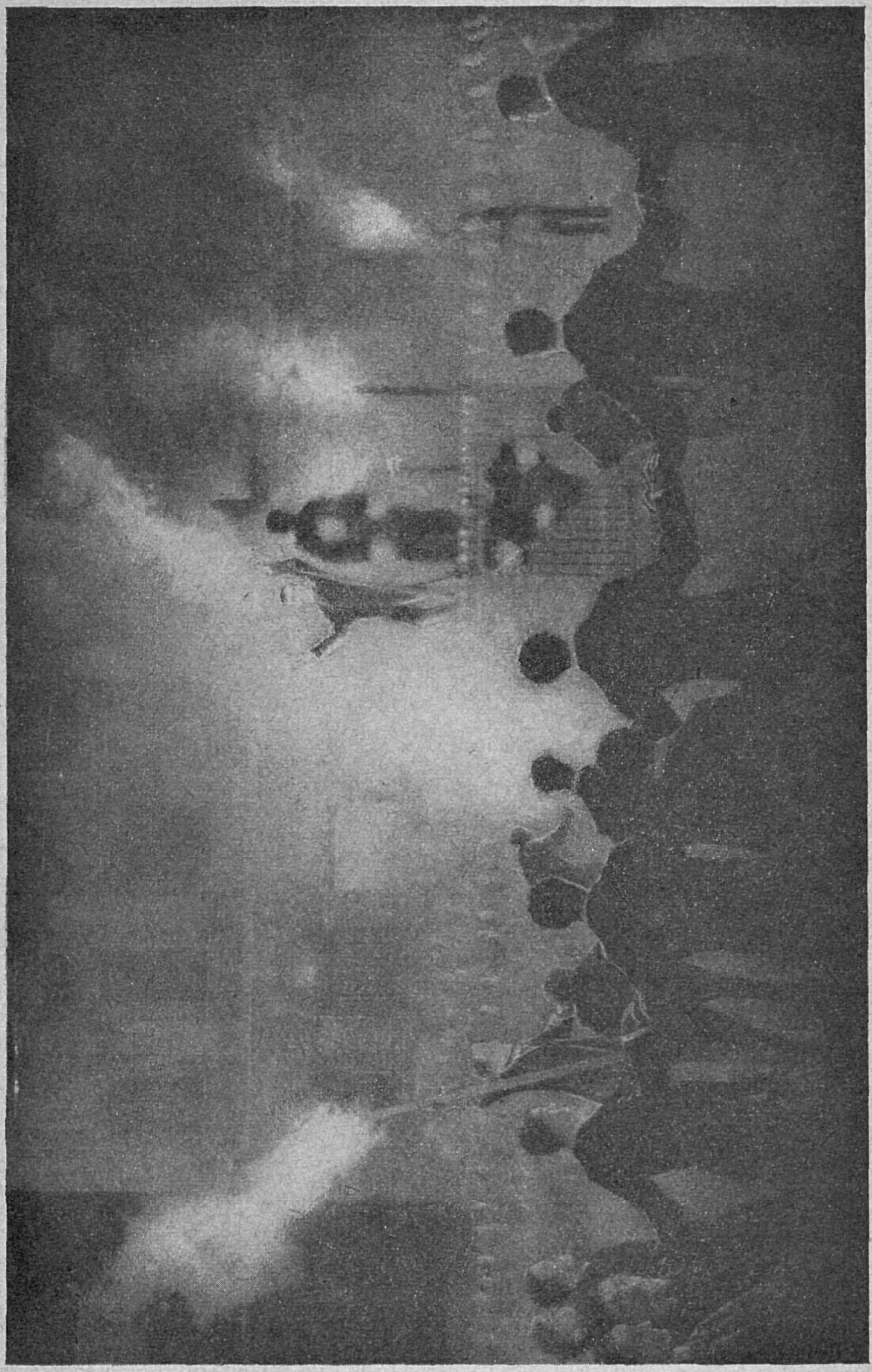
With regard to amenities, the bed light, night light, call button and radio plug are all mounted on the *locker*, for easy manipulation by a surgical patient.

Fifty Years Ago

Mr. H. W. Bruce writes of the picture opposite :

"I have the clearest recollection of the New Year celebration at the Hospital, which I attended of course whenever living in the Hospital or nearby, quite a few times. It was very simple. Our strongest singer mounted the statue with a flaming torch. We surrounded him in a solid mass. He sang Auld Lang Syne in a great voice, and we joined in with a stentorian roar. Meanwhile the neighbourhood had assembled in St. Thomas's Street in a great mass, and after a few repetitions they charged in through the gates, and we counter charged and kept them out, until we were all tired out and that was that ! Those on duty returned to the front surgery and the big tankard, and the rest presumably to bed".

Fifty Years Ago



Christmas, 1960

The Decorations . . .

TWO VIEWS

You may think that 'Sick humour' is a recent American brainchild but you're wrong you know. Its been knocking around hospitals for years and, sure enough, it has reappeared in this year's Christmas decorations. Who do you think had the idea of disguising the labour room door as the entrance to a 'Tunnel of Love' ? Was it the decadent medical student who mutters "I suppose it's a new name for the birth canal" to his befuddled companion ? Was it, perhaps, a sleepless RO letting his shredded mind burst into disillusioned irony ? No, surely it could not have been the nurses' idea. Aren't they supposed to be like nuns except that they haven't got religion so badly ? Thy wouldn't think of such a think.

Christopher ward has become an underground station on the Water-Loo line. (That hyphen is for initiates). Surprisingly the exit sign is indeed over the exit. There are lots of posters and even a train with automatic doors although, just between you and me, if you look behind the screen you can see nurse pulling a string. Most of the patients are there because their own underground lines are blocked cystic junction and the terminus so, presumably, they can easily appreciate the double-take of the prominently displayed slogan 'Its quicker by tube'.

It is fashionable to be Chinese. It must be; look how many people are. What I really mean is that Chinese decorations are fashionable and *William Gull* ward shows us why. The savage-funny leer of the large dragon in the entrance-way entices one into the ward which all goes to prove that Suzie wasn't Wong. Once inside one is surrounded by lanterns and dangling ideograms which stir elegantly at the slightest breeze. These are set off by most festive expressionist cum action paintings round the walls which were 'created' by Mrs. Stewart Cameron's sophisticated school pupils. One of the animal heads on the wall whispered to me that it was genother Gnu.

No, they are not selling copies of 'Lady C' in *Bright* and *Wilks* ward. All those penguins show that we are at the South Pole. The igloo is used for storing frozen food. You can tell because the Eskimo outside is holding a placard advertising it. You may have thought that Eskimos lived at the North Pole but surely you can understand how one Eskimo might come to be selling frozen food at the South pole whereas it is most difficult to conceive how a mass migration of penguins to the North Pole could have occurred. Don't be fooled by those polar bears; they are just one of the Eskimo's publicity gimmicks.

A nurse on A floor in *Nuffield House* was hanging up hundreds of chocolate boxes. I wonder where she got them all.

J.G.F.

Ascending by bosun's chair from the Collonade, the *Theatres*, on the somewhat enigmatic theme "Outbound Bound", were suddenly upon us and the eye was immediately held by the festoons of bunting. Closer inspection of the bulkheads with telescope provided, showed that all the surgical staff have nautical, if not naughty leanings and the grin on Pirate Sammy's face as he rowed stern first towards the Anal canal should be seen to be believed.

Moving out of the Saloon doors we found ourselves suddenly ashore in Middlesex Street, *Pat.* and *Sam.* It felt like an extract from Gilbert's nightmare song, but the stalls rigged up between each bed were so real that I found myself

calling for the assistant. I must congratulate the inspired labour that produced such a pleasing effect.

And so to *Job* where a modelled clown invited our entry to the circus. Once inside, we found birds of paradise flying under the big top of such gorgeous form that I suspected financial, if not professional aid. The paintings of circus life had a vitality that should have had a longer life than the three days allowed.

From the circus to the Underground at *Christopher's* Station with all the familiar posters. There was a Tube Map round 'Homo Sapiens' thoughtfully pinned over night-nurse's desk to guide us before we joined two patients in the train. However, we seemed to have stuck at the signals and decided to walk.

We walked through the Enchanted Wood of *Luke* ward and the effect, with a trellis of ivy and silver eaves above stretching away to the Eastern Star and a crib was simply beautiful. So much unexpected greenery was a thrill in itself to a country mouse like me.

M.C.

AND SOME RANDOM IMPRESSIONS

Nuffield House : The theatres were cheerfully decorated with pictures of various aspects of the Christmas scene, which were perhaps a little marred by the inclusion of some of the more notable Guy's figures—even down to the closing picture entitled the 'Frozen Section' !

The different floors were all well decorated, probably the best was the Regent Street theme with the long Pregnant looking axes fluttering away on high. Hanley's toy shop was there and the corridor had a realistic looking Zebra Crossing. The rest of the Clinic was well decorated and again the hospitality was generous to an extreme.

Esther : The arctic theme again with reindeer, igloo and snowmen all gently lit by the lunch hour sunshine.

Queen : A store in which 'Nylons as supplied to Guy's at great reduction (guaranteed to make that special date go)', 'Household tools'—assorted surgical instruments, a 'Spring collection of the new Bulge line nighties', and multi-coloured storage jars containing bilious looking liquids, were all for sale. Apart from the stalls the ward itself was beautifully decorated.

Ruth : A "West End" feeling with a smart Christmas-box theme. Attracting attention was a golliwog with appropriately flashing eyes and also a "what the butler saw" machine with, however, a disappointed butler.

Barnabus : We could smell the tang of drying nets and hear the waves lapping the Barnabas shore. Sailors were leaning on the bed rails swapping many a salty tale.

John and Miriam : Conventional Christmas decorations with a simple and effective ward-made crib provided a pleasant contrast to the exoticism of other wards.

Diplock : Toy-laden gurgles harmonised with abundant scenes of fairground and circus fun. Notable were a vast panoramic view of big dippers, swings, seasides, streets and hills and an attractive nativity group painted on a glass screen, seen at its best illuminated by the midday sun.

York Clinic : The first floor was labelled 'Charles Dickens' and a Dickensian atmosphere was achieved by suitable decoration of the various rooms and corridors. 'Ye old Pickwick Club' and 'Ye Old Curiosity Shoppe' were much in evidence as was a very convincing Fagan's Kitchen.

'How Far to Bethlem' was the next theme. This presented the Christmas message in a bold Impressionist style and as one Sister assured me, was very good Occupational Therapy for her charges.

The third floor 'A Christmas Holiday' carried the visitor on a Magic Carpet from the hot steaming tropics to the cold far frozen north with the aid of appropriate drawings and pictures.

And so to the top which was lavishly decorated with Posters of Shows, Pictures and Film Stars and some mistletoe. In conclusion the hospitality of the Clinic must be recommended to any thirsty students at Christmas time.

The Rugby . . .

STUDENTS v. RESIDENTS

The annual rugby match between students' and residents' took place at the traditionally unreasonable hour of eleven on Boxing Day morning. It was enacted before an audience of one consultant, two small children, the groundsman's dog and four wives in anxious expectation of widowhood. The only linesman was a recently qualified student interested in any locums which might arise during the course of the game.

An excellent spirit prevailed once it became known that each half was to last only twenty minutes, though such a degree of dyspeptic lassitude took hold in the later stages that, on humanitarian grounds, the referee amputated a further five minutes from the second half. Perhaps tiredness accounted for the mild mannered behaviour of a large forward whose opinions on the manlier aspects of the game are well known. Filled with the Christmas spirit he remarked, with characteristic tolerance, that, "anyway he did so hate the sight of stale blood". The only other threat of violence came when it was rumoured that a resident had concealed a scalpel about his person—perhaps in pessimistic anticipation of a cardiac resuscitation.

The residents' fielded a team composed of once fit housemen and a sprinkling of the more expendable registrars (recently appointed to other hospitals). Playing in blue shirts with white faces, and needing every advantage, they kicked off with the wind and referee behind them. The students scored first while the residents' were recovering from their pre-match run around. Equilibrium was restored by denying the students' possession. Although the student front row contained two Cambridge Blues and a near miss their combined hooking skill was unable to recover the ball from the opposition second row, where the residents' scrum-half had accurately placed it. The advantage was short lived, for possession was repeatedly lost again at fly-half where age came into the line without experience.

The residents only try was scored by a huge second row forward in an explosive single-handed, double fisted, run. The excitement was too much for the residents' captain who retired to hide his discomfort behind a goal post. Despite the one-sided nature of the game from now on, at least one reputation was enhanced. The residents' right wing successfully exchanged his customary dinner jacket and blonde for a blue shirt and a ball in his arms. Later he remarked nostalgically that had he taken the game more seriously in his youth he might have made a success of it.

The minutes, like the players, dragged by slowly on leaden feet. Finally, in true contemporary fashion the last try was scored by a Springbok in illness time. The father figure of Guy's rugby lumbered from the ruck, swept aside the only obstacle in his path and scored between the posts. Raising his face from the mud the referee blew a final blast on his whistle before being helped back to the bar.

For the numerically curious the average estimation of the score was 24-3. But then, as everyone in medicine knows, statistics can prove almost anything.

B.B.

CONTESTANTS

Residents : E. Walrond; G. Hartfall, D. Fishlock, J. Raher (capt.), D. Wonham; I. Evans, T. Clarke; J. Older, C. Hunter-Craig, B. Batten, D. Reynolds, M. Keir, A. Cooper, P. Harris, D. Lillicrap; and sixteenth man B. Blackwell (umpire).

Students : J. Sales; P. Nicklin, T. English (capt.), Jackson, Carmichael; J. Bryant, M. Murray; J. Hockey, R. Smith, M. Patterson, P. Fanning, A. Buirski, C. Atkins, P. Anderson, J. Axton.

The Show . . .

The show started on time with the announcement that 1960 was the last year that the Out-patients' Hall would be used for this entertainment. The crowd, which occupied every inch of spare space in the hall, gave a sigh of sadness mixed with relief. "Perhaps", somebody said, "We shall be able to see it next year". What with the crush and the heat and the poor view let us hope that the New Block will provide better accommodation—particularly for the patients watching the show.

There is a great deal of hard work put into any show of this nature and, of course, the producer must rely on the talent available. It is fair to say that this year's show was not the best we have seen. The show did not seem to get under way and its good scenes were not sufficiently exploited. On the first night there was some unavoidable trouble with the tape-recorder which affected several of the acts. Nevertheless there was many a laugh and much enthusiastic clapping through the show. The Jazz Band Medley was a good appetiser for the rest of the menu. A Bandana turned out to be a humorous conjuring trick and was warmly applauded, but 'The Operation', performed by some friendly locals, was not quite understood and suffered accordingly. It gave a frightening view of Borough life, the Police Force and Guy's Hospital Casualty department and appeared to finish with everyone fighting everyone else. The River Guide suffered from electronic insufficiency but was a good idea. One of the highlights of any Guy's Christmas Show is the Nurses' Chorus (Male). Now we could have watched the Guy's Kickers with their regulation nurses' uniforms and their knobbly rugger knees for much longer than the three minutes given to them. Undoubtedly the best individual performance was made by Michael Crowe playing the part of a pursued medical student—pursued, of course, by a nurse.

The music of the show was well provided by the hard working Anne Kenshole, the melodious close harmony Quintet and the Guitarists who performed with a high degree of skill. The Nurses' Choir was as glamorous as usual but looked very mournful whilst singing. The show closed with a good chorus and we are pleased to report that there were no casualties in the crush which followed.

D.J.F.

OBITER DICTUM

Sister *Luke* at 11.30 a.m. on Christmas Day:

"But the patients just *can't* go on drinking from now until one."

NOTICE

Miss MacManus sends her thanks to the many Guy's friends who have remembered her this Christmas. She wishes them a Happy and Blessed year in 1961.

NOTICES

Annual Dinner of the Thirty Club

The 32nd Annual Dinner of the THIRTY CLUB will be held on Friday, 12th May, 1961, and members are asked to note the date. Details will be sent to them in due course.

J. J. CONYBEARE,

W. D. DOHERTY,

Hon. Secretaries.

Guy's Hospital Society : Bournemouth and Wessex

The Fifth Annual Dinner of the above Society was held at the East Cliff Court Hotel, Bournemouth, on Friday, 9th December, 1960.

Mr. G. A. Lawson-Brown was in the Chair, and thirty-one members and guests were present.

The Guest of Honour was Professor H. R. B. Fenn, and his address on developments at Guy's with special reference to the proposed new Dental building, was much enjoyed by all.

GUY'S HOSPITAL REPORTS. Vol. 109. No. 3

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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CORRESPONDENCE

Letters to the Editor of the Gazette

A Brains Trust

SIR,—A Brains Trust on General Practice is to be held on Thursday, 19th January, 1961, in the Anatomy Theatre, at 5.30 p.m., under the auspices of the Students' Union. The Panel of Four, headed by Dr. A. H. Douthwaite includes Dr. Roy Goulding, S.M.O. to the Ministry of Health, Dr. H. H. A. Elder, a London General Practitioner and Dr. G. O. Barber from Dunmow, Essex. The Meeting will provide a unique opportunity for a frank discussion about the many aspects of General Practice and it is hoped that everyone who is interested will join in and present their problems and questions to the Panel.

Yours etc.,

W. J. APPLEYARD.

Guy's Hospital, S.E.1.

The Landon Tea Party

SIR,—Once again, my yearly "Thank You" to all those kind people who helped to make the Landon Tea such a happy occasion.

I am grateful to all givers of money, sweets, Tree, Toys, etc., and to all who helped to entertain the children.

Miss Kenshole played the piano delightfully and untiringly.

M. Bullock, as always, gave a most polished and amusing Punch and Judy and Conjuring show.

Mr. Cooper carried out his duties as Father Christmas with dignity and charm.

A cheery party.

Yours etc.,

DORIS CHRIMES,
(Out-Patient Sister).

Guy's Hospital, S.E.1.

"One W.C."

SIR.—Perhaps you know the very interesting passage in Petronius (47), where in the midst of the enormous Roman banquet the host invites any guest who likes to go out and attend to his affairs. "We are not born solid" he says, "and nothing could be worse than to hold oneself in. Jupiter himself cannot help it, and doctors expressly forbid us to hold ourselves in. Outside, gentlemen, are the water, the pans and all the requisites." How that great man of Guy's, Sir Arthur Hurst, would have appreciated the wisdom of the host ! I regret now that I never introduced him to Petronius.

What that elegant writer said is quite true—gods and men, we all have need of the W.C. or, as the Arabs poetically call it, the House of Water and Refreshment. In your last issue, Sir, on page 478 you refer to one example in singular and striking terms as "a white male business executive", apparently in rather poor health and finally defunct; but I do not know what I ought to read into this. Will you, please, elucidate ?

Yours etc.,

H. ST. H. VERTUE.

Larch Tree Lodge,
37, Tower Road,
Orpington, Kent.

Our Man in Curacao

SIR,—With reference to the article 'Our Man in Curacao' in the *Gazette* of 17th December, 1960, to be hailed as a 'Chinaman' signifies that the individual spoken to is being placed under the category of laundryman and coolies,

though he may belong to the higher strata of society.

Furthermore the term 'Chinaman' is not grammatical. It violates one of the fundamental rules of English grammar. It should be a 'Chineseman' or if the noun be dropped out, a Chinese.

Most of the facts portrayed in the article are out of date and give an absolutely unfair picture of present day Malaya to the reader. The article verges on ridicule.

Yours etc.,

C. C. CHAN.

Flat 17, 21, Seymour Street,
London, W.1.

The 1961 Brighton Walk

SIR,—The 1961 Brighton Walk will take place on Friday, 12th May, to Saturday, 13th May. Once again the start will be on the Friday from the Tower of London at approximately 6.0 p.m. At present eight of the London teaching hospitals have entered, but it is probable that all the London teaching hospitals will take part this year. I would ask that all clubs and societies should arrange their activities so as not to clash with the above event.

Yours etc.,

E. J. M. CHATER,

Guy's Hospital, S.E.1. *Chairman, Student's Union.*

REVIEW

Yoga. By ERNEST WOOD. Penguin Books Ltd. *Price* 3*s.* 6*d.*

The name "Yoga" evidently has a peculiar fascination. This fact was brought home to the reviewer by the nervous glances which he received when he was reading the book in the Underground. By taking advantage of this fascination, an author who sets out to investigate Yoga, who put it in its context in Eastern thought and showed what it had to teach the West, could have the makings of an extremely interesting and even valuable book. This is not Mr. Wood's method, for he writes as a practicing Yogi and his aim is instruction and not enquiry. For this reason, the book seems unlikely to appeal to the majority of English readers who need to be persuaded away from their preconcieved ideas, and are more likely to be antagonised than converted by an author who simply ignores the very existence of those ideas.

There is an almost complete lack of critical thought in the book: this is most conspicuous to a medical reader in those parts where Anatomy and Physiology are concerned. Mr. Wood seems to accept in every detail the anatomical and physiological ideas of Yoga, and is led to make statements which are decidedly unusual. For example, one of the purification practices recommended is "Cleansing by Fire" achieved, we learn, by pressing the umbilicus against the spine one hundred times. This Mr. Wood justifies as follows (p.126), "It is considered that the region behind the navel is a place of fire or heat—food is 'cooked' somewhere behind there—and the pressing so many times no doubt increases the heat . . ." There are times, however, when even Mr. Wood suffers a flicker of doubt. He describes the practice of Khechari mudra, in which, by closing the lips and blocking the posterior nasal apertures with the tongue, all respiratory exchange is stopped and, according to the author, the Yogi "hibernates" for about 40 days. This seems a long time even to Mr. Wood, but a possible solution occurs to him, and he writes (p. 102), "Whether the Yogi is sustained by the small amount of air taken in through the skin has not been ascertained, . . . In any case, modern knowledge has it that the lungs are never completely empty of air."

Mr. Wood believes that Yoga has much to offer to the West. If this is so, it is sad indeed that his salesmanship should be so poor.

J.E.C.H.

SPORT

RUGBY

Guy's v. Streatham

At H.O.P. 17th December, 1960

Result—Lost 3-6

The Guy's XV for their last match before Christmas showed two changes from the side which beat the Old Cranleighians the week before. R. Myall returned to full-back and B. Blackwell to second-row.

The Guy's first pitch was still unplayable and, therefore, for the third time this season, the match was played on the 'A' pitch.

Healey kicked off for Guy's but an early scrummage infringement by Guy's, allowed Streatham to take the offensive. This they maintained for a period, during which they missed a penalty. However, after twenty minutes D. Biggs kicked a good penalty to give Guy's a three points lead.

The game developed into a crisp open one but neither side managed to penetrate the other's defence. The Streatham back row were caught offside at times and the Guy's line was often relieved by good kicks, mainly by Lloyd-Edwards.

Towards half-time the Guy's forwards took over control for a while, and in one movement, the ball was handled handsomely from one touch-line to the other and back again, unfortunately no ground was gained. Both sides had further attempts at goal which failed. At half-time Guy's led by three points, yet the Streatham pack had the majority of the ball from the line-outs and from the tight, in which their heavy pack wore down the Guy's eight. There was no real concerted efforts by the Guy's pack to hold their opponents, Poor backing up lost them ground just covered, mainly due also to the Streatham full-back, a capable player, yet he was sometimes caught in possession. One big failing on the Guy's side was the inability in getting the ball away quickly and cleanly from loose scrummages and indeed sometimes, from the set scrummages. So often the Guy's three-quarters had little room to move in, due to the quick moving up of their opponents' line.

Streatham opened strongly in the second-half, now playing uphill but a penalty kicked by Lloyd-Edwards relieved the Guy's line. Play started to get heated at this stage, and the referee failed to stamp this out soon enough. However, Streatham scored a good pushover try but they missed an easy conversion. Guy's retaliated well, Lloyd-Edwards, S. Cooke, and B. Blackwell were prominent in the pack. The three-quarters tried to vary their tactics to penetrate the Streatham defence, and nearly succeeded on a few occasions.

Guy's were awarded a penalty five yards from the Streatham line and chose to attempt the difficult place-kick and not the short one. The kick failed and Streatham once again returned to the offensive and their outside-half who had enjoyed an afternoon where he could do as he chose, dropped a neat goal from the twenty-five yard line. Guy's now tried hard to equalise and played rugby which should have been seen from the first whistle, unfortunately they failed to score.

Team : R. W. Myall; E. Egwuatu, P. Ivanans, J. D. Bryant, D. A. Biggs; N. Healy, M. Murray; A. C. Knight, W. T. Treadwell, J. Hockey, A. Peace, B. Blackwell, D. R. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English (capt.).

Guy's v. Old Merchant Taylors

At Croxley Green 31st December, 1960

Result—Lost 3-9

Guy's won the toss and started the first half with their backs to the sun. The game from the kick-off did not strike the ideal tempo, it being interrupted repeatedly by the referee's overstrict attitude, and, the audible chatter both on and off the field. An early infringement led to a penalty kick being awarded to the home side and though the kick failed, the falling ball was knocked on and a scrum ensued five yards out; from this the O.M.T's fly-half made diagonally for the right corner flag and presumably due to a misunderstanding with his centres, found himself still with the ball and fast converging on the corner flag; we hesitated and slid through the Guy's defence with sufficient speed to score in the corner. The kick failed.

Guy's then attacked to the right and left with kicks ahead rather than direct thrusts from the wings and the danger for the home side was averted by the faultless handling and kicking of their full back, Prodger. During these moments Nicholas unfortunately sustained a leg injury and had to leave the field for the remainder of the game. Myall moved to scrum half and Lloyd-Edwards to full back. Bryant, in the centre, put in some good covering and defensive work and Guy's 14 men on a number of occasions took the initiative with mid-field reverse passes and thrusts by the wings. When the sides changed over, the home side led by three points and this was soon increased to six by a pushover try. Guy's, it appeared, had an embarrassment of riches in line-out forwards and concentrated too much on the jumping rather than the ensuing line-out play and the Merchant Taylors forwards were allowed to break through and carry the ball on at their feet. Late in the second-half an infringement claim by the home side at a line-out, and this was loudly supported from the touch line, induced the Referee to award a penalty and Prodger added three more points.

Guy's then replied with a magnificent try, which even the partisan crowd loudly praised. A reverse pass in the centre found Biggs in full flight and his well timed pass to the ever-dangerous Egwautu gave him his chance. He rounded his opposite number in full flight and though he left a trail of defenders in his path he was forced down short of the line, only to regather the ball and score far out on the right. The game continued into the rapidly falling dusk with Guy's attacking hard and the ominous sound of the Referee's whistle ended the game.

Team : R. W. T. Myall; E. V. Egwuatu, P. Ivanans, J. D. Bryant, D. A. Biggs, N. J. Healey; J. R. D. Nicholas, P. W. R. Hams; W. T. Treadwell, J. R. Hockey, P. Peace, J. G. Cook, D. R. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English (capt.).

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Consultant Physician to the Children's Department

The Board of Governors of Guy's Hospital invites applications for the appointment of Physician to the Children's Department of Guy's Hospital with duties at the Evelina Hospital. The appointment is of consultant status, with attendance on four sessions a week. The conditions of service will be in accordance with The Terms and Conditions of Service for Hospital Medical Staff. Applications (one copy) together with the names of three referees should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **31st January, 1961.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Resident House Physician** (with Casualty Duties) for six months from 1st March, 1961. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **Monday, 30th January, 1961.**

HOUSE APPOINTMENTS

1st March, 1961

Applications are invited for the following House Appointments at Guy's Hospital due to to commence on 1st March, 1961.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration to commence* 1.3.61)
(*Pre- or Post-Registration to commence* 1.5.61) 2

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1
(Three months at Guy's Hospital followed by 3 months at New Cross Hospital).

Children's House Physician (*Pre-Registration*) 1
(Second 6 months candidate only).

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

Neurological House Physician 1
(*Post-Registration*)

Dermatological House Physician 1
(*Post-Registration*)
(To commence 1.5.61)

House Physicians in the York Clinic 2
S.H.O. (To commence 1.4.61)

Resident Anaesthetists 2
1 S.H.O.
(1 *Post-Registration*)

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

HITHER GREEN HOSPITAL

House Physician (General Medicine and Infectious Diseases) 1
(*Pre-Registration*)
(To commence 15.3.61)

JOYCE GREEN HOSPITAL

House Surgeon (General Duties) 1
(*Pre-Registration*)

House Physicians (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL

House Surgeons (*Pre-Registration*) .. 2

House Physician (*Pre-Registration*) .. 1
(Dr. Llewelyn-Smith)

NEW CROSS HOSPITAL

House Surgeon (General Duties) 1
(*Pre-Registration*)

ORPINGTON HOSPITAL

House Surgeon (General Duties with Gynaecology) (*Pre-Registration*) .. 1

House Surgeon (General Duties with Orthopaedics) (*Pre-Registration*) .. 1

House Surgeon (General Duties with E.N.T.) (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon (*Pre-Registration*) .. 1

House Physician (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (General Duties with Gynaecology) (*Pre-Registration*) .. 1

SEAMEN'S HOSPITAL, GREENWICH

House Physician (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Tuesday, 31st January, 1961.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

PASS LIST

UNIVERSITY OF OXFORD

Final B.M. Examination

Michaelmas Term, 1960

Medicine

*W. J. Appleyard
*R. G. Hett
*I. G. McGill
*J. S. Meyrick
*D. H. Myers
*G. S. Spathis

Surgery

*W. J. Appleyard
*R. G. Hett
*I. S. McGill
*J. S. Meyrick
*D. H. Myers
*G. S. Spathis

Midwifery

*W. J. Appleyard
*R. G. Hett
*I. G. McGill
*S. R. Meadow
*J. S. Meyrick
*D. H. Myers
*G. S. Spathis

*Have qualified B.M., B.Ch.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1960

Part I.—Pathology and Pharmacology

J. S. M. Beales
R. D. Blacklidge
C. Dare
R. A. Durance
E. J. W. Gumpert
E. M. Holt
J. E. A. Knowles
R. C. Lallemand
J. J. Meanley
M. C. W. Morgan
W. J. Norman
S. Nundy
W. M. P. Patterson
A. B. Richards
*R. C. Westbury
I. Ziment

Principles and Practice of Physic

*E. J. W. Gumpert
*I. C. McLellan

Principles and Practice of Surgery

*C. C. Chan
*E. J. W. Gumpert
P. S. E. G. Harland
*C. N. Mallinson
*R. C. Westbury
*G. H. E. Woodbine

Midwifery and Gynaecology

*B. Blackwell
*C. C. Chan
*E. J. W. Gumpert
P. S. E. G. Harland
*R. C. Westbury

*Have qualified M.B., B.Chir. (Cantab.)

UNIVERSITY OF LONDON

Second Examination in Dental Surgery

December, 1960

J. M. Atkins
P. A. Dunstan
P. T. Green
P. J. Griffiths
C. R. T. Lachlan
T. K. Laing
P. Laver
J. A. Le Sage
H. W. MacGregor
J. D. Moran
J. H. M. Phillips
R. J. A. Sudworth
B. C. Sullivan
J. C. Thomas
M. S. W. Tyne
Ruth I. Williams

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

December, 1960

Anatomy

K. M. Burshan
A. G. Child
B. E. Oei

Pharmacology

P. Beasley
A. H. Binsted
J. D. Bryant
D. D. French
I. Gibson
J. H. Grime
Susan J. Henry
M. J. House
P. D. Jackson
J. E. Meyer
A. N. Nicolaides
R. A. Sells
Carol L. Slack
T. S. Spencer
J. L. Stanford
T. G. Tetlow
A. P. A. Trayling
C. H. Wakes Miller

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

December, 1960

Surgery

P. M. J. Ephson

Medicine

T. A. J. Ogunbiyi

Midwifery

M. F. Biggin
T. A. J. Ogunbiyi

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

December, 1960

M. D. Bourne
C. D. Boxall
M. Z. A. Cader
F. J. Chate
Margaret N. Evans
T. J. Freeman
Ann C. Leonard
J. W. Norman
Kathryn J. Ramsker

NURSING NEWS

Entered :

Miss McCarthy, *Lady Superintendent of Nurses, Evelina Hospital.*
Sister Abbott to *Evelina Hospital.*
Sister Milburn to *New Cross.*
Staff Midwife Richard-Evans to *Victoria.*
Staff Nurse Heber to *Out-Patient Dept.*
Staff Nurse Martin to *John and Miriam.*
Staff Nurse Mullineaux to *Nuffield A.*
Staff Nurse V. Taylor to *Queen.*
Staff Nurse M. Barker to *New Cross.*
Staff Nurse E. Hutchings to *New Cross.*

Left :

Sister Erskine from *Evelina.*
Sister Foelmer from *Evelina.*
Sister Mills from *Caleb.*
Staff Nurse R. Price from *Miriam and John.*
Staff Nurse S. E. Taylor from *Evelina.*
Staff Nurse S. Robinson from *Evelina.*
Staff Nurse D. Marsh from *Evelina.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

GUY'S MAN requires Partner in progressive dental practice in Herefordshire, 45 miles from Birmingham. Applicant must have keen interest in practice growth. Good commencing salary and percentage. Box No. 250.

OXFORD. Assistant required with view to partnership in busy expanding dental practice. Modern surgery with Ritter Unit and Airotor. Remuneration on percentage basis. Pleasant unfurnished flat available over practice. Box No. 251.

A VACANCY exists in a Guy's man's West End dental practice for an Assistant. Routine conservation work predominates with considerable opportunities for minor oral surgery; mainly N.H.S. Box No. 252.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Clarkson, Patrick and Stafford-Clark, David. Role of the Plastic Surgeon and Psychiatrist in the Surgery of Appearance. *Brit. med. J.*, 1960, ii, 1769.

Hallpike, C. S. and others. Recent Advances in the Electro-nystagmographic Investigation of Neurological Disorders of Ocular Movement. *Proc. R. Soc. Med.*, 1960, 53, 1059.

Hallpike, C. S. and another. The Effects Upon Vestibular Function in the Cat of Unilateral Destruction of the Nucleus Fastigii. *Proc. R. Soc. Med.*, 1960, 53, 1064.

Hayton-Williams, D. S. Delayed Jaw Fracture Treatment. A Review of Results. *Brit. J. plast. Surg.*, 1960, 12, 378.

Hume, K. M. and another. Bronchodilators and Corticosteroids in Asthma. Forced Expiratory Volume as an Aid to Diagnosis and Treatment. *Lancet*, 1960, ii, 1319.

Kesson, C. W. The Clinical Significance of Jaundice in the Newborn Baby. *Brit. J. clin. Pract.*, 1960, 14, 985.

Milner, L. A Survey of Anaesthesia in Great Britain. *Med. Proc.*, 1960, 6, 542.

Musgrove, Frank. Gynaecological and Obstetrical Impressions of a Visit to the United States. *Proc. R. Soc. Med.*, 1960, 53, 1003.

Tibbs, David. Arterial Replacement and Reconstruction, a five-year Review. *Lancet*, 1960, ii, 1313.

CHANGES OF ADDRESS

John H. Baylis, M.R.C.P., 7, Pemberley Avenue, Bedford. (Tel. Bedford 68525). *Appointment:* Consultant Physician, Chest and General Medicine to Bedford General Hospital, Bedford.

H. G. Dixon, M.R.C.P., 11, Mount Avenue, Ealing, London, W.3.

Miss E. E. P. MacManus, Terry Lodge, Bofeenaun, Ballina, Co. Mayo.

B. R. P. Murray, M.B., F.F.A.R.C.S., 18, Donne Court, Burbage Road, London, S.E.24. (Tel. Brixton 8725).

Vincent Whitehead, M.B., B.Ch., 718, Harold, Apt. 6, Houston, Texas, U.S.A.

P. H. Williams, L.D.S., R.C.S., 7, Craven Road, Reading, Berks. (Tel. 82264).

BIRTHS

BAYLIS.—On 28th December, 1960, at Bedford General Hospital to Anne (née Burgess), S.R.N., wife of John H. Baylis, M.R.C.P., a daughter, sister for Catherine and David.

MICHALSKI.—On 10th July, 1960, in Brockville, Ontario, Canada, to Jean (née Dolman), S.R.N., wife of W. Michalski, a daughter (Patricia Audrey).

MARRIAGES

BLOOMER—NASH.—On 14th December, 1960, at the Church of The Holy Trinity, *H.M.S. Tamar*, Hong Kong, Lt.-Commander S. G. Bloomer, R.N., to Wendy Mavourneen Ann Nash, S.R.N.

LAUTCH—BATES.—On 29th October, 1960, Henry Lautch, L.R.S.C., P (I), to Elizabeth Susan Bates, M.B., B.S.

SMITH—PERKINS.—On 10th December, 1960, at St. Barnabas Church, Qachas Nek, Basutoland, Colin Smith, B.M., B.Ch., to Celia Perkins.

WHITEHEAD—CONNOLLY.—On 12th November, 1960, at St. Patrick's Cathedral, New York, Vincent Whitehead, M.B., B.Ch., to Christin M. Connolly, M.B., B.Ch., B.A.O

DEATHS

EDMOND.—On 18th December, 1960, Anna Edmond (née Tilbury), for many years a theatre sister before the Great War.

LEVITT.—On 21st December, 1960, Henry Levitt, of 24, Railway Approach, S.E.1.

EDS. { S.R.M. / R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1892 28*th January* 1961 *One Shilling*

PASSIM

OUR lament over the absence of official reply to criticism of New Guy's House was a little misdirected. The poor Hospital publicity resulted partly from newspaper editorial policy, since several persons wrote comprehensive replies, including the Matron, whose letter appears in the correspondence column of this issue.

The official reply from the Assistant Clerk to the Board of Governors was published in *The Times* two weeks after the initial criticism, and it appears that a deliberate waiting game was played in order to have the last word. This is reassuring, and whilst we hope they play many more canny games with the Press, we hope that the waiting policy will not always be used as it tends to deceive the reading public (including us) into thinking that nothing is happening.

The press communiqué stating that Her Majesty The Queen would visit the Hospital on July 5th to "open" New Guy's House was received with mixed feelings by those who had hoped that it would be open long before then. The communiqué was, of course, rather misleading. As arranged long ago, patients will begin to move into New Guy's House towards the end of next month, and by July the Queen should be able to see it in full normal function. It is possible that she may unveil some plaque commemorating her visit.

The Hospital Gazeteer which has been published recently by the B.M.A. is a good five shillings' worth for any student, resident or anyone concerned about hospitals. Besides giving basic information on all British hospitals: the number of beds and residents, the type of work and the nature of the special departments, it lists those vital factors *Accomm.* and *Amenities*. Now this is splendid, provided that the hospital officials who give the information all cheat fairly and to the same extent.

Unfortunately they don't, for there is marvellous variation. The *Amenities* range from the pathetic—Doncaster's "recreation hut", the hopeful—Headington's "sunbathing" to the opulent "trout fishing" of Airthrey Castle Hospital. There are surprises. That Wigan's residents should indulge in "indoor games" will surprise

few, similarly "bowls" and Wythenshawe go well together; but who would have connected "archery" with Yardley Green Birmingham, and how do the staff of seven at Oswestry manage to make "concert hall" a thriving concern ?

There is a lot to ponder over in the book. Worksop residents have "fencing" which results in an ominously cryptic "staff not always full strength". It is full strength of course at Thorpe Hall Peterborough which boasts "night calls by sister". Who decided to list Southampton Children's Hospital's "inadequate library" as an *amenity*, and who was the honest soul at Foresthall Hospital who said "no adequate common room".

Guy's men will be disarmed by the naïveté of the hospital that says of its residents rooms "not *all* have own wash basin". What of the Guy's entry, you are asking? It is distinguished by the introduction of a new amenity, a euphemistic "etc.". Current opinion is divided as to its meaning; we suspect that it refers to individual steak pies.

IN BRIEF :

Dr. K. D. Allanby, Assistant to the Director of the Department of Medicine, has been appointed consultant physician to the Peterborough and Stamford hospital group.

Guy's defeated The Westminster Hospital 9-0 in the first round of the Inter-Hospitals' Rugby Cup. They will play St. Bartholomews' in the second round on February 2nd at Richmond.

Mr. Goodliffe has been asked, as Appointments Officer, to find suitably qualified young doctors for the Royal Flying Doctor Service in Australia. Full particulars can be obtained from the Appointments office.

GUY'S DIARY

JANUARY			Exhibition. *Surgical Treatment of Pain.*
30th	M	1.00	Mr. Ross. Clinical Lecure. *The Management of Cardiac Arrest.*
31st	T	1.00	Dr. Hills. Clinical Lecture.
FEBRUARY			Exhibition. *Surgery of the Neck.*
3rd	F	1.00	Dr. Joiner. Clinical Lecture.
4th	S	2.30	Rugby. Guy's *v.* Coventry at Coventry.
6th	M	1.00	Dr. Stafford Clark. Clinical Lecture. *Treatment in Psychiatry.*
7th	T	1.00	Professor Spurrell. Clinical Lecture. *Hypoxia and Oxygen Therapy.*
9th	Th	1.00	Mr. Wass. Clinical Lecture. *Swellings in the Groin.*
10th	F	1.00	Professor Butterfield. Clinical Lecture. *Glucose, Insulin and Glucagon.*
11th	S	10.00	Departmental Round in the Clinical Theatre conducted by Mr. P. Schurr.
		2.30	Rugby. Guy's *v.* Metropolitan Police at Imber Court.

NOTICES

Guy's Science Club

The next meeting will be held in the Staff Common Room on Wednesday, 8th February, 1961, at 4.45 p.m., when the topic for discussion will be:—

" Studies on Sensation in Teeth."

The subject will be introduced by Dr. D. J. Anderson and Mr. M. N. Naylor.
The Chair will be taken by Professor M. A. Rushton.
Tea will be served in the Staff Common Room at 4.30 p.m.

J. GRIFFITH,
Honorary Secretary.

GUY'S HOSPITAL REPORTS. Vol. 109. No. 4

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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The Residents' Play

The Residents' Play, 'Drug Fever,' will be performed each evening from Tuesday 21st to Friday 24th February. Applications for tickets should be addressed to the President of the Residents and should reach him not later than 13th February.

Every effort will be made to allocate the seats fairly, but inevitably, owing to the small number of seats, some applicants will be disappointed. To those I offer my apologies in advance. As usual there will be no charge for the tickets,, and the high cost of production must be met by donations.

J. HELLEWELL,
President of the Residents.

Annual Reunion

I am hoping that, through the *Gazette*, I may contact past members of Guy's who boxed for the Hospital. I am hoping to organise an Annual Reunion in which members of the staff connected with the Club and ex-boxers may meet and talk over old times.

The sort of thing I had in mind was a dinner on the night when Guy's box London University so that we may finish the evening at the tournament.

I would like very much for Guy's men who are interested to write to me so that I may be able to get the ball rolling.

M. SHEERAN (1946-51).

262, Portland Road,
London, S.E.25.

OBITUARY

PERCY VIVIAN GILES PEDRICK

The death occurred on 27th December, 1960, of P. V. G. Pedrick, who for 40 years practiced as a Dental Surgeon in Tunbridge Wells.

While at Guy's he played football both for Guy's and for the United Hospitals and was an all round athlete. His keenness for tennis and golf continued until he retired from practice a few years ago and he was a familiar and well-loved figure in Tunbridge Wells. The tennis parties that he and Mrs. Pedrick gave were indeed a feature of the summer season. He was generous to a fault, kind and always willing to help junior colleagues.

He was a staunch Guy's man and an equally staunch Devonian, and every year he and his wife went to Teignmouth, where he was born and for which he had a deep affection.

Only shortly before his death he and Mrs. Pedrick celebrated their Golden Wedding and a large number of their personal friends joined to wish them well.

His loss will be severely felt in Tunbridge Wells by a wide circle of friends and acquaintances, and our sympathy goes out to Mrs. Pedrick and to his son and family.

E.D.G.

THE SISTERS' DINNER

For the gourmet the Sisters' Dinner is a red-menu-day, and this year there was an exciting extra course. The first aroma of it came when Mr. Blackburn replying to Matron's toast of 'the guests' said that he had brought along one of his ex-patients to entertain. There was much speculation about this, and great surprise when the entertainer turned out to be a magnificent euthyroid magician. The student entertainers, however good, could not hope to compete on his plane. He did everything: Mr. Cann found a £1 note inside an orange (Mr. Hayward said that it was the £1 note that he had lost five minutes before). However, disappearing tricks were his forté. He stood up, said a spell in front of a budgerigar in a cage and the cage vanished and the bird vanished. Then he stood in front of Matron with a pack of cards and said an even longer spell, but only the cards disappeared. There was a sigh of relief from the audience that Matron would still be here next year to organise another excellent dinner.

M.

The Biological Engineering Society

On Saturday, 14th January, a most stimulating second meeting of the newly formed Biological Engineering Society was held in the Physics Department of our School. A fascinating programme of papers and demonstrations was provided, and it was most enheartening to note the lively and extensive contribution made by our own people. It would be invidious to single out particular individuals and doubtless details of the programme will be on record elsewhere. The papers varied from the directly useful, in Radio Isotope Plotting and Xerography, through Ballistocardiography and Electron Spin Resonance Spectroscopy, to such frankly academic studies as Ultrasonic Effects on Plant Cells, and the 'Radar' Apparatus of Bats. A wide selection of locally designed electronic apparatus was displayed, and this included an impressive 'broadcast' electromyographic device which allows the experimentee to ramble around free of wires and at considerable distances from the recording oscilloscope.

The atmosphere of the entire meeting was intellectually stimulating and yet most humanly and sometimes humorously friendly. Perhaps the compactness of such a small gathering helps in this, but when the Society returns to Guy's I hope that more non-members such as myself will be fore-warned by adequate publicity, able to "muscle in", and prove acceptable as prospective members, as I hope to be. While still in this status I welcome the opportunity to commend the Biological Engineering Society and all who helped to make its second meeting so enjoyable. That our own community are so active in this venture is another pleasing sign of the vigour of our School.

ROGER WARWICK.

PILGRIMS' PROGRESS

By

SIR HENEAGE OGILVIE

I have given my narrative this title because it records the journey of a small band of seekers after truth under the leadership of John Bunyan.

The Ambroise Paré Club is an ill defined group, that have certain things in common. They are surgeons working in or within reach of London, they belong to an age group younger than mine, most of them, are, or have been, my pupils or junior colleagues and they meet nearly every month at Colchester. In addition they organise a Dinner whenever some surgical subject seems so urgently ripe for discussion that it must be ventilated, or when some eminent surgeon whom the members wish to meet is known to be about to visit London. The Surgical Mentor of Colchester is Ronald Reid. The organisers of the Ambroise Paré dinners are Maurice Lee and John Bunyan.

John Bunyan is a Guy's dental surgeon. He invented the Bunyan Bag, which during the second world war played a greater part in saving severely burnt and wounded men than Penicillin. In addition he is President of the Royal Microscopical Society, and an expert on the transport of the seriously ill by air, a subject on which he advises several of the leading air lines. When he offered to help in arranging special terms for a group of the Ambroise Paré club who were to visit the Annual Convention of the American College of Surgeons at San Francisco in October, 1960, about a dozen young surgeons welcomed the opportunity. I was asked to accompany the party as interpreter and compère, and as I had had only one previous visit to the Pacific Coast of America, and that an unfortunate one, I gladly agreed.

We left London Airport in a B.O.A.C. Britannia at 9 p.m. on Monday, 3rd October; down at Manchester to pick up more passengers; down at Prestwick at 11.30 p.m. to pick up more travellers and fill with fuel. It must have been 1 a.m. when we left Prestwick and 2 a.m. when we started dinner, and 3 a.m. before the lights were put out. The plane being a tourist one the seats were tightly packed, but sleep of sorts was possible. We landed at about 5.30 a.m. New York time (about 10.30 British time) on Tuesday, 4th October.

Going through customs was smooth, but slow. Whenever I go to a Post Office I find myself behind a woman who pushes under the grille a series of documents that must be filled up in longhand and stamped in various places. In the Customs at New York I was behind a Middle European who was carrying a bunch of gladioli. The customs man didn't like them, and summoned an expert, who unwrapped the bundle and looked at each stem in turn long and carefully. He wanted the opinion of a super-expert who had to be fetched from a distance. He repeated the bud by bud examination, and then went over the specimens again with a hand lens. Finally, the verdict was delivered. There were insects, and the flowers must be destroyed at

once. Then at last I could get my bag passed, and we could go in to New York, I to the University Club where I had a shave, a bath and a sleep.

At mid-day Bunyan assembled the party and took us to St. Vincent's Hospital, where we were received by Professor Louis Rousselot. He asked me to address the students, and I gave them a very brief talk about the use of the senses in Clinical Surgery. We went round the wards and saw several cases, mostly associated with haematemesis. As in England everybody is talking about Portal Hypertension, and everybody knows the answer. It is apparent, however, that cirrhosis accounts for a greater proportion of haematemesis cases in America.

At 7 p.m. we were given an unusual compliment; Professor Rousselot had organised an Ambroise Paré dinner for us. He had invited some of the most stimulating surgeons in New York, and had ordered a wonderful meal at the University Club, matched by a series of superb wines. Each of us was seated with an American surgeon on each side. The subject for discussion, drainage of the common bile duct, was opened by Dr. John Mulholland. Mulholland made a plea for immediate closure of the incision in the duct, and claims that the repair could be made leak proof by careful suture. Every surgeon round the table took part in the discussion, and the visitors at any rate kept their end up. Mulholland obtained no support, and it was most interesting to us, used as we are to the soft soap and mutual back-slapping that characterises discussions at the Surgical Section of the Royal Society of Medicine, to see how rude these Americans were to each other and how freely they criticised each other, without rancour and with no hard feelings on either side afterwards. There was complete divergence in the views expressed round the table as to the length and diameter of the tube that should be employed, how long it should be left in, and, in particular, whether the lower limb of a T tube should be led through the ampulla into the duodenum.

Wednesday, 5th October, we were called at 5.30 a.m., and made our way to Idlewild, where John Bunyan had preceded us, and arranged a flight by the incredibly efficient United Air Line. After coffee we walked along an enclosed passage leading from the lounge straight into the belly of the plane, a D.C.7.C., which was linked to the passage, so that no steps were needed. It was a large plane, by no means full, and we found a forward compartment with eight seats and windows well in front of the wings and the engines. This we appropriated for the duration of the flight, leaving it between meals for a stroll down the length of the plane to call on friends, or inspect other departments.

This freedom was very valuable for it was a long journey. John Bunyan went ahead in a Comet to smooth the arrival, and we travelled across the continent of North America for 17 hours, coming down at Pittsburg, Chicago, Kansas City, Denver and Portland. There were plenty of meals on the way, and we were provided with route maps which Roland Jones studied, digested and explained to us, so that he could tell us at any moment the features below us. All the

central part was remarkably uniform, geometrical squares of about a mile each side, divided by roads, and each containing a reservoir. We were south of the big lakes, but rivers like the Mississippi and the Missouri were very obvious features that disturbed where they flowed the regularity of the pattern. After Denver, we passed over Laramie and Cheyenne, familiar to all T.V. enthusiasts, and over the Continental Divide, a gap in the great Rocky Mountains chain. Then over the Red Desert, across the Bear Lake, and getting a glimpse of the Great Salt lake in the distance. Finally, we followed the Snake River and reached the Pacific at sunset, coming down at Portland in the dark. The short trip from Portland to Seattle was done in the dark, and the plane filled up with short distance travellers for that stage. John Bunyan was waiting for us at Seattle, and took us to our hotel.

Thursday, 6th October. After breakfast, several boys from the hospital turned up and took us to the hospital in an assortment of cars. We had little time to see Seattle, which is one of the big harbours of the West Coast, and a port dealing with enormous exports of timber. Two things remain from the long drive from the air field the night before. One is that the whole town seems to be dominated by Boeing aircraft. On each side were immense factories, outside them air planes in various stages of construction and alongside huge parking lots for the cars of the workers. The second thing was the liberal use of fly-over concrete highways. In several places two highways would take the same course, long ribbons of concrete three or four lanes wide supported in the air on spindly concrete legs, the traffic speeding one way in one, the opposite way in the upper storey; and as the needs of traffic demanded a road would send off a branch that would spiral off in the air, to come down somewhere else and merge with another highway.

We were received by Professor Henry N. Harkins of the Department of Surgery of the University of Washington. This is a State university, recently founded and still under construction, and apparently with unlimited money behind it. The emphasis is on research, research, and yet more research. There is a huge animal house in which hundreds of dogs seem to be very well cared for in hygienic cages and sterile exercise yards. There were also a number of all other laboratory animals, small rodents, goats, sheep, pigs and monkeys. There is a tremendous programme of research on gastric secretion, and the unit are staging an exhibition on their combined operation (vagotomy, antrectomy and gastro-duodenostomy) at the College of Surgeons.

The kindness of our hosts, their generous hospitality, and their determination to show us everything and to tell us everything, cannot be over-stressed.

We left the same afternoon at 3 p.m., and took another plane for the short journey to Portland, where we were met by Professor Englebert Dunphy and his boys, and taken to our hotel. Everything had, as elsewhere, been foreseen and arranged by John Bunyan. We had just time to register at the Multnoma Hotel, when we were taken as a body to the Dinner of the Portland Surgical Society. In a large

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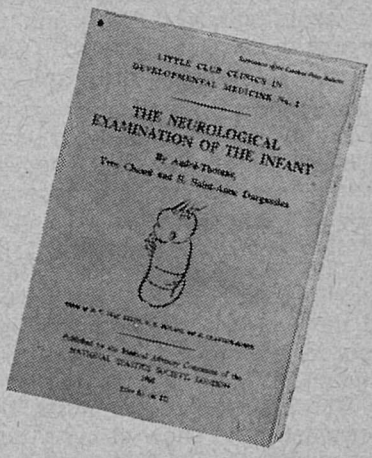
"LITTLE CLUB CLINICS IN DEVELOPMENTAL MEDICINE"

THE NEUROLOGICAL EXAMINATION OF THE INFANT

By Andre-Thomas, Yves Chesni and S. Saint-Anne Dargassies



English version edited by Dr. R. C. Mac Keith, Prof. Paul Polani and Dr. E. Clayton-Jones. With 100 line drawing.

A 50-page quarto booklet, published by the Medical Advisory Committee of the National Spastics Society, which no student or doctor working with babies should be without. Price 5s. from the Guy's Bookstall or any bookseller or direct from the National Spastics Society, 28, Fitzroy Square, London, W.1.

hall were gathered everyone of surgical importance in Portland, including Bentley, former Professor of Surgery in the University of Durham. Cocktails were followed by a most attractive dinner, once again characterised by an assortment of elegant wines, a feature that was new to me. I have attended many official dinners in the United States, and have always marvelled that my hosts could keep so enthusiastic, and rise to such heights of oratory on iced water. Dunphy welcomed the visitors from Britain, and to my relief he called on Geoffrey Parker, who spent the last phase of the war among the Maquis, and Maloney, whose remarks carried the charm of Oxford, to reply, and all I needed was to finish with a few 8th Army stories.

Friday, 7th October. We spent the day at the University of Oregon Medical School under the leadership of Professor Dunphy.

In the morning we saw four cases, bearing on the general question of advancing or advanced malignancy. The group are very interested in the blood spread of carcinoma, and the possibility of finding cancer cells in the venous blood at an early stage when there is no evidence of dissemination. I gather that the discovery of these cells does not necessarily mean that they will establish secondary foci, but it suggests the need to combine systemic chemotherapy with local treatment by surgery or radiotherapy.

Some cases were shown of advanced carcinoma of the rectum who had received pre-operative treatment with irradiation. Some 5,000 r were given, followed in 4-6 weeks by surgery. The reduction in tumour size was impressive.

We then attended the Tumour Board. This is a meeting of all interested clinicians, radiologists and pathologists and meets once a week to discuss interesting tumour problems.

The first case was a woman of 75 who had a radical mastectomy 18 years ago (in 1942). Ten years later (1952) supraclavicular nodes were removed, and this was followed by separate recurrences in 1953, '54, '55, '56, '57. These had all been treated by Deep X-ray, or radio-active gold seeds and she had been maintained on a small stilboestrol dosage daily. She was now very well apart from arthritis, and no new recurrences had occurred for three years.

The second was a man of 41. Squamous carcinoma of the larynx, proved by biopsy, and treated by X-ray therapy to the primary. The larynx was quiescent: there were one or two small nodes in the neck. Should he have a block dissection: if so, one or both sides, in what order, and how radical ?

The third patient was a woman of 74. A pigmented lesion was removed from her scalp in 1957. The section report was malignant melanoma. In 1960 new pigmented lesions had appeared on the scalp, three or four of them, in front of the scar of the previous excision and skin graft. They were jet black, flat, sharply circumscribed and freely mobile. There were no palpable glands, and the lady looked well.

Against recurrence was that melanotic tumours when they recur in the subcutaneous lymphatic field, generally do so as a "black measles", tiny black areas closely scattered over an area that takes the general line of the lymphatic flow. It was generally felt that these

were fresh lesions of little or no malignancy, and that it would be a mistake to excise them.

The fourth patient was a woman of 73, who had had a sub-total gastrectomy in December, 1959, for reticulum-celled sarcoma. A residual tumour in the paraortic glands had been treated by deep therapy (3,544) in February, 1960. She now had a mass in the neck and weight loss. It was the unanimous opinion of the visitors that it would be wrong to interfere with the workings of Providence.

At 12.45 we broke off for an excellent lunch at the Multnomah County Hospital.

At 2 p.m. we returned to the Department of Surgery at the University Hospital, where a series of papers were presented by members of the Department.

Clare Peterson, Professor of Surgery, read a paper on *Cancer of the Breast*. Their operation is very much like ours, but the removal of skin is excessive by our (at any rate my) standards, and an immediate skin graft is almost the rule.

Treatment of Acute Parotitis, by the Senior Intern, Krippachne. He advocated early and extensive incision if early deep X-ray and penicillin had failed. They seem to meet parotitis more than we do. When did we last see one at Guy's ?

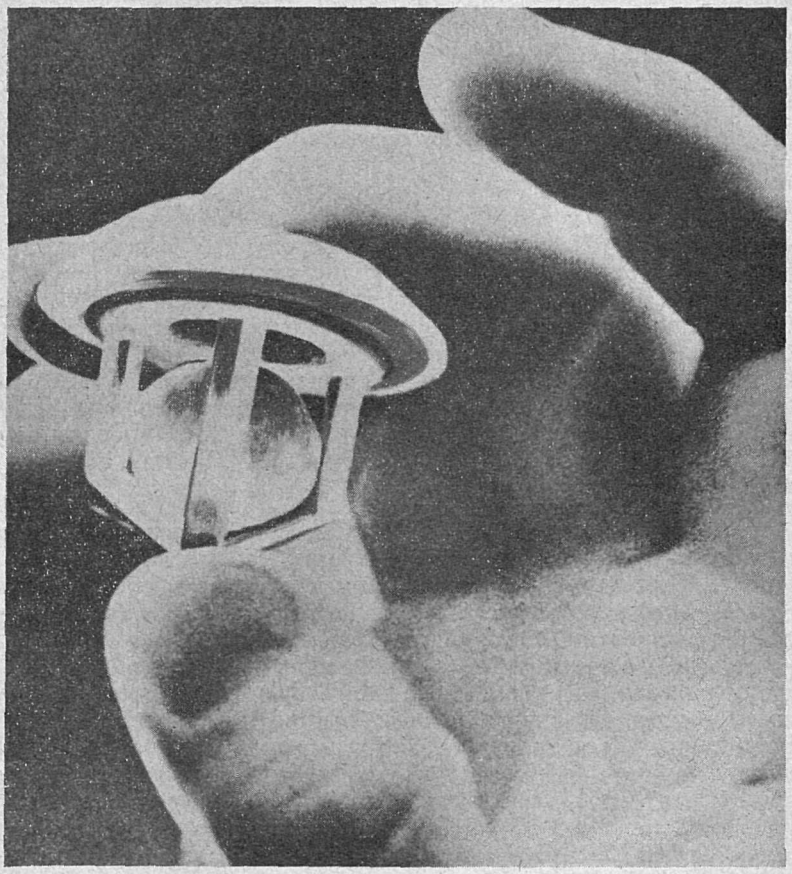
The Significance of Reflux in the aetiology of acute cholecystitis and pancreatitis by Malcolm Robinson, Research Fellow in Surgery from St. George's. This was high powered research in which the cystic ducts, hepatic ducts, common ducts and pancreatic ducts had been ligatured, divided, transplanted, diverted and anastomosed to see what happened, on the Khartom principle of "who does what, and with which, and to whom ? " The results showed that cholecystitis did not occur with pancreatic juice reflux unless there was obstruction present, nor did free reflux of bile in the pancreatic duct cause pancreatitis.

Parathyroid Transplantation, and an excellent paper by a young Englishman, Stanley Jacob. The patient, with severe hypo-parathyroidism following operation, had been treated for some time with calcium, and with parathormone without useful improvement. Jacob transplanted the thyroid of a goat. The transplant died, but the patient was cured. The hypothesis put forward was that a transplant functioned for sufficient time to permit of hyperplasia of any rests still present. These eventually were capable of control when the transplant died. This raised the age-old question of the possible advantage of "monkey glands" for ageing males.

The Resin Artificial Kidney, by Robert J. Moore, instructor in Urology. This was a simple resin tube perfused with venous blood from the vena cava using a two-way catheter. It causes loss of potassium, calcium and magnesium and its possible use were in cases of hyperkalaemia and ammonia intoxication.

Replacement of the Mitral Valve, by Albert Starr. This was indeed the star piece of the day. We had some excellent film showing successive attempts to replace in an animal an incompotent mitral valve by prostheses of several kinds. Finally, a ball valve was produced, protected from the deposition of fibrin round the seating that had spoiled previous experiments, by a plastic skirt of silastic material stitched to the endothelium.

As the tour de force, the patient walked in. A calcified and incompotent mitral valve had been chipped out through an approach through the right atrium and across the atrial septum, and replaced by a siliconised rubber ball seating on a stainless steel ring. We could hear his heart clicking as he came in, and while he sat telling us how well he felt, the mitral valve went on hammering out the time, seventy to the minute, like an old fashioned grandfather clock.



The Mitral Valve Prosthesis

In the evening we were taken in groups by our hosts round Portland, and some of us had dinner in a Country Club looking down on the lights and estuaries of Portland harbour. Before the soup we watched Nixon and Kennedy at each other's throats on television. That evening Nixon seemed to be winning.

Saturday, 8th October. We had to get to San Francisco for the opening of the College of Surgeons Meeting on Monday, 10th October, The distance was about 500 miles. The alternative ways were by

train, by plane, by Greyhound bus, and by motor car. Two of us had already been offered a lift, so our group decided to lift themselves.

Turner Warwick of the Middlesex had been working and travelling on the West Coast, he knew the ways of the traffic, the rules of the road, and the language, and we jumped at his suggestion to hire a car. He went to the Herz company and hired a Chevrolet impala, one of those enormous travelling cottages with a back like the outspread wings of a seagull, that one sees stuck in Piccadilly Circus, but they are marvellous on American Turnpike roads.

We piled six in complete comfort into the seats, and had our complicated luggage skilfully stacked in the enormous boot by a garage hand, and were off on the Southern Route to San Francisco. Fortunately Turner Warwick made a mistake, the only mistake he ever made, and after fifty miles or so we found we were on another road, and followed it hopefully till, like stout Cortez, we gazed on the Pacific. Accidentally, and very fortunately, we had struck route 101, and we followed it all day south along the Pacific coast, through some of the most beautiful scenery in the world. The sun set on the right, and about a couple of hours later we drew up at a motel at Brookings, a small harbour just north of the boundary, between Oregon and California. The motel was a revelation. Each cabin had two comfortable beds, controllable heating, a hot shower and television, and outside was a wide covered stretch under which the car could stand. Everything was spotless. Our comment was "if you tried to do this in England, the beautiful rooms would soon be dirty, and the furniture burned with cigarette ends". Next door was a restaurant which even at 11 p.m. served T-bone steaks and ice creams.

Sunday, 9th October. The restaurant was not open till 7 a.m., so we drove on for an hour and had breakfast over the Californian border. Then we left the sea, and went inland through the Redwood Forest. Most people know the "Big Tree Brand" of California wine, but the Sequoia or Redwood trees are an awe inspiring experience. I would advise any traveller to the States, "Whatever you do, spend a couple of days with the Redwoods". They are immense. You draw up your enormous car beside one, and find that from tail lamp to front bumper does not stretch half-way across the truck. You get out and look up, and see the trunk going up straight into the sky for hundreds of feet. They are old; many of them more than 3,000 years old, some 5,000 years. They are incredibly durable. One caught fire in the decayed centre 300 years ago, and smoldered for many years till the "core" was burned out for a height of 50 feet; yet the outer layers survived, the sap continued to flow and keep the branches green, and now the hollow base, 30 feet each way, is a shop selling souvenirs. We made a detour to see the road through the tree, and we drove through it—carefully, with a clearance of about 6 inches each side. Just to show that a "limey could handle a car as well as a 'Yank'", Turner Warwick went through the tree again backwards.

As the afternoon wore on we left the forest with regret, and drove on through the afternoon and evening through tree clad gorges and past rivers stacked with islands of logs waiting the saw mills. We descended gradually from the hilly country through broad valleys

with great vineyards populated largely by Swiss and Italians. As it got dusk houses and villages got more frequent, the road became more obviously a six lane highway, and, finally, about 9 p.m. we drove over what used to be the longest bridge in the world, the suspension bridge over the "Golden Gate" into San Francisco, and registered at the Plaza Hotel, where John Bunyan had already booked rooms for us. A very good hotel it is.

Next morning we registered at the 40th Annual Clinical Congress of the American College of Surgeons. Again John Bunyan and Bert Dunphy had paved the way for us, and, instead of having to pay 40 dollars apiece, we were welcomed as guests.

The meeting of the American College was run with incredible efficiency, as it always is. It was held in the Civic Centre, which has a number of auditoria, and there were a number of extra meetings in various hotels and halls. Free shuttle service of char-a-bancs ran all day between the hotels and the Centre. Outside the Centre is a huge car park. This has been uprooted and made into a vast underground hall over which the park is being replaced.

To describe the meeting is impossible, for at least seven or eight forms of discussions, demonstrations, or education were being conducted simultaneously from 8.30 a.m. in the morning till 8.30 in the evening. I did my best to use my time well, but my tank capacity for receiving new ideas is definitely limited, and the demand for occasional rest, and the counter demands of the most hospitable people in the world, limited the amount of study that most of us could achieve. We met for discussions, and came to certain conclusions.

The full dress debates in the Forum were disappointing (as of course are those in the Royal Society of Medicine, the Association of Surgeons, and the Annual Meeting of the B.M.A.). When an eminent man is asked to open or to take part in such a discussion, and has weeks to prepare his remarks and is limited to a schedule, he is so concerned with what to put in and what to leave out, with boiling down his figures and summarising his views, that the result is as tasteless and un-nourishing as any meat extract.

The colour television was even more disappointing. The medium has such wonderful possibilities, and so few surgeons have learned how to handle it, that this failure is unfortunate. Only certain operations are suitable. Only a few surgeons can talk clearly and amusingly as they operate. Demonstrations that remain clearly in the mind as outstanding successes were those of Joe Meigs and Arthur Allen in Boston eight years ago, and of Russell Brock at the Royal College of Surgeons last year. Most of the others were unspeakably dreadful, all the worse because the technicians were doing their best, but the surgeons did not know their job as television stars.

The Cine-clinics were considered the best item by most of us. The films had been well chosen and carefully vetted, and either the operator or some other eminent surgeon was present to comment.

Undoubtedly the best feature of the meeting to us pilgrims was the Scientific Exhibits, by individual surgeons, by groups or clinics, and by pharmaceutical firms, manufacturers, and publishers. Most impressive were the exhibitions in the use of fibre-optics. This material seems to promise a new field in investigatory procedures.

We came away loaded with samples and brochures and full of coffee and coca cola.

San Francisco is certainly one of the most beautiful cities in the world. It is remarkable how the cities that remain in the mind as beautiful and as having a civic personality, are all dominated by hills: Jerusalem, Beirut, Edinburgh, Cape Town, San Francisco. "I will lift up my eyes unto the hills from whence cometh my help".

San Francisco is the hilliest city in the world. The streets rush up hills of a gradient from one in ten to one in seven, and they don't rush up smoothly because at every block there is a sudden step where a cross road meets it. Standard transport is by cable cars, pulled by cables running underground. Taxis have to change their plugs and reline their brakes once a month, and seldom last a year. Cars must be parked across the street, with the wheels pointed towards the kerb, and in gear.

The climate of San Francisco, and the character of the San Franciscans, are the sunniest in the world. They are grand people. They are proud of their city and they want us to enjoy it.

A surgeon took most of us to a restaurant in a party that must have cost him more than a British surgeon, even a plastic surgeon, earns in a year. The floor show at Bimbo's makes that at the Folies Bergère or the Lido, look like the interval vaudeville in a provincial musical hall, and the bait that brings customers is "The Girl in the Goldfish Bowl". The bowl, full of illuminated goldfish, stands on a plinth in the bar, and when one can get near enough to see what is drawing the crowd, one suddenly sees a very beautiful and very naked girl swimming among the fish. Before you can complete the study she is gone, only to flash past again ten seconds later.

The girl is real. She is beautiful. She is naked. But she was in a locked room two floors down, lying on a black couch under arc lights, and her image is projected up by an optical system so that she appears among the goldfish, the same size as they, and equally distorted by the eddies they make as they swam around. Thus the proprietor has been able to combine novelty with nudity, and yet to satisfy the demand of propriety.

The week came to an end. We flew back from San Francisco to New York in five hours in a jet, and after one day seeing surgery and buying presents in New York, we flew home to London by various routes.

This was my eighth visit to the United States, but I think the most enjoyable. For one thing, the International airport at Idlewild has been entirely revolutionised; it is efficient where it used to be chaotic, and the discourteous customs staff of a few years ago have been replaced by men who do their job smoothly and well. There is a new spirit everywhere. The visit of Kruschev with his gross appearance, his bullying, his desk thumping and his bad manners, had made the Americans feel when Macmillan appeared "Well here is a gentleman who expresses what we think as well as we would wish". On former visits I had felt good natured tolerance towards me. This time I felt that the Americans were—not comrades, for a comrade is one who smiles at you while he is waiting to stab you in the back—but brothers.

A BRAINS TRUST ON GENERAL PRACTICE:

THURSDAY, 19th JANUARY

Panel: Dr. A. H. DOUTHWAITE Dr. H. H. A. ELDER
Dr. ROY GOULDING Dr. G. O. BARBER

The Anatomy theatre looked its board-room best as we welcomed the panel of two general practitioners and two hospital physicians. The Chairman, Dr. J. Appleyard introduced our questions and kept the peace, and perhaps because of the acoustics, ignored the example set by Norman Fisher; the Chair indeed was seldom occupied. Questions came from contributors before the meeting (may their anonymity be preserved) and from the House.

The first three questions dealt with the adequacy of knowledge with which the young G.P. is equipped after his house jobs. Immediately we became aware of the extensive bridge between Hospital and general practice. The view favoured by the panel was that a different application of knowledge gained was necessary in order to succeed in practice. We were abashed at the emphasis which the panel drew to the family aspect of medicine outside the hospital; at the end of labour obstetrics becomes paediatrics—a big jump for one who was taught how to treat children before he had learnt to deliver them.

Psychiatry is out, apparently. It muddles the clinical judgment, leads the hard-pressed doctor astray, and is rarely the reason for the patient's consultation. We can take comfort in the fact that in Dr. Barber's time psychiatrical study was confined to one afternoon a week at a hospital for the mentally ill (for an unspecified period).

A member of the house queried the future of the general practitioner in specialized fields, and the panel were unanimous in their verdict that the doctor would retain his function as signpost to the specialist as well as family physician. Group practices of four or five doctors, each having a special field of interest alongside his routine work, enjoy considerable success compared to the more impersonal 'health centres.' Wistful sighs were heard as we realised that Out-Patients will never be any shorter than it is now.

With regard to private practice both our G.P.s had very few private patients, and in any case all patients had the same quality of treatment. In one practice the private patients comprised those who were unable to fill in forms (gypsies) and those who were disinclined to accept further hospitality from a country which had given them their freedom (refugees).

After a question about women in general practice which of course needs no answer, we got to the all important matter of money. After a reticent reception and considerable interruption two important points emerged: award money means either a better, more efficient surgery with perhaps auxiliary labour (*e.g.*, nurse, secretary), *or* a cottage in the country. No alternative to the capitation fee was suggested as a means to ensure fuller payment for better work under less crowded conditions.

Other facts that arose from subsequent questions were that if you want to get on, get married; and the popularity of drugs is inversely proportional to its advertisement circular rate.

Many thanks go to our sedulous panel, and to the Chairman, but particularly to Dr. Elder for his aphorism (missed by many) which gave us half a glimpse into the complexities and individuality of his practice: "General Practice is what you make it."

R.S.

Fifty Years Ago

"Members of the medical profession will be pleased at the verdict in the recent action for criminal negligence brought against a well known surgeon.

The trials of the surgeon and physician are many . . . ."

CORRESPONDENCE

Letters to the Editor of the Gazette

New Surgical Block Publicity

SIR,—I was very interested to read your comments in *Passim*, in connection with criticism of New Guy's House, and the lack of response in the papers by any member of the Guy's Hospital Nursing Staff.

This is a very sore point with me, and I am enclosing for your information the copy of a letter which I sent to the Editor of *The Times* on 7th November, 1960, following the publication of Dr. D. Stark Murray's letter.

Unfortunately my letter was not printed, as the Editor had received on the same day, but by an earlier post, a letter from Dr. Rippey which he chose to use instead.

I felt, however, it might be of interest to readers of the *Gazette* to know that at least I made an effort to reply, although of course my remarks had to be somewhat guarded. I was particularly disappointed that my letter was not published, as later further letters appeared in the press, but none from a member of the Nursing Staff.

Yours etc.,

J. ADDISON,
Matron.

Matron's Office,
Guy's Hospital, S.E.1.

To the Editor of *The Times*. 7th November, 1960.

SIR,—I am quite amazed at some of the statements in the letter from Dr. D. Stark Murray in your issue of 4th November, in connection with the new Surgical Block nearing completion at Guy's Hospital.

Previous correspondents have written in reply to criticism to substantiate the reasons for perpetuating the open ward, a policy adopted in the light of experience and investigation into the methods of other countries. In my experience, the majority of general hospital patients prefer the open ward, as they find the company of their fellows reassuring, and the demands which an open ward makes, keeps them socially fit and less morally disabled by anxieties and pain. They also feel more secure when they know that nurses are within sight, and this is particularly important at night. Privacy is provided for all patients, and three single rooms are attached to each ward for the nursing of desperately ill, distressing or disturbed patients, as well as for the isolation of any patient for whom this is thought necessary.

The danger of staphylococcal infection which besets our hospitals can best be dealt with by demanding the highest possible standards of patient care under the supervision of trained staff, which is quite impossible in a ward of single units, and by the observance of correct aseptic technique at all levels. Further, the example of senior medical and nursing staff when dealing with "infected" patients nursed on "barrier precautions" is of the utmost importance in the teaching and training of nurses and medical students. The planning of the wards, though large, also enables them to be well ventilated, and easily cleaned, an important factor in view of the shortage of domestic staff.

The statement that single rooms and small ward units require less nurses, is quite erroneous if the patients are to be safely nursed—in fact, I understand that in America, where there is a shortage of nurses, consideration is now being given to the adaptation of small ward units to open wards.

We at Guy's are confident that an opportunity to build a first class Surgical Block has not been missed, and that, with extended electrical and electronic devices to free nurse power, British hospitals will retain their world wide reputation of producing first class bedside nurses and happy contented patients.

Celebrations around Guy's Statue

SIR,—I have in my possession the framed engraving of the picture entitled "50 years ago": this framed engraving was a treasured possession of my late father.

As he was at Guy's Hospital long before 1910-11, could it not be some ceremony held before that year ?

I had an idea it was Guy Fawkes night !

Yours etc.,

Westholme, G. ELLIS.
134A, Sandgate Road, Folkestone.

We have been unable to date precisely the engraving which is from a drawing by William Hyde. However, there is little doubt that these were New Year celebrations rather than Guy Fawkes'. They were an annual occurrence up to the time of the Great War.—ED.

Apples for Dental Dinners

SIR,—Every year Guy's Hospital Dental Society runs an excellent dinner and ball attended by many distinguished teachers, general dental practitioners, dental students and members of the general public.

Socially these affairs are first rate, but from the point of view of oral hygiene they are catastrophic !

Couldn't we finish the meal with an apple next year, and show our guests that we "practice what we preach" ?

Yours etc.,

28, Thames Street, GORDON M. WILLIAMS.
Kingston-on-Thames.

'All Mod. Con.'

SIR,—I was very intrigued to read of the new lockers in *Addison* and *Mary* wards; I wondered if I were reading about some new luxury hotel, but being hundreds of miles from civilisation I am very probably behind the times. I would be most grateful if you could tell me if patients still come to hospital feeling desperately ill, needing the care of good competent doctors and the comfort of intelligent and sympathetic nursing, or, have patients and diseases changed so drastically, that electric shavers, wireless and television are a necessary part of their treatment in surgical wards? From what I read in medical and nursing journals, the turnover of patients these days is so quick, that I would imagine they would welcome peace and quiet during their stay in hospital, rather than wireless and television which plays so large a part in their outside life.

Addison and *Mary* in the bad old days of 1937: we used to patch, darn, make and mend, and rarely got anything new unless it was completely beyond repair or improvisation. Three hours off duty per day, usually reduced to one and half due to lectures or rush of work; feet up on the wall in the summer to relieve the swelling. We seemed to learn a tremendous amount all of which I still remember and look back with admiration to the sister tutors and ward sisters.

The patients were nearly always made whole and expressed their joy and gratitude, and we felt as if we were doing a terrific job of work and thoroughly enjoyed it. Amidst the poverty there was always an air of plenty and esprit de corps.

I shall be happy to hear the story of these splendid lockers and all the material wealth that accompanies them.

I am still patching and darning, making and mending; with beds for 45 patients, we sometimes have 70, but as it is their normal custom to sleep on the floor, nobody minds, although it is somewhat difficult to carrying out treatments, and even more difficult to teach.

I wonder what happens to the old lockers ?

Yours etc.,

P.O. Box 80, MABEL GRIBBEN.
Mufindi, Tanganyika.

REVIEWS

Nitrous Oxide in Dentistry—Its Danger and Alternatives. By J. G. BOURNE. Published by Lloyd Luke. Pp. 181. *Price* 30*s.*

Most medical and dental practitioners will agree that despite advances in general anaesthesia, anaesthesia for dental surgery and surgery in ambulatory patients is still unsatisfactory.

In this monograph, Dr. Bourne presents a thoughtful, logical and most interesting review of the use of nitrous oxide, since its introduction in the middle of the last century. Following an opening chapter on the history of nitrous oxide anaesthesia and general considerations in connection with its use, Dr. Bourne goes on to emphasize the difficulties and dangers associated with it. The problem and danger associated with fainting in the dental chair is fully studied and a plea made for its more widespread recognition.

Finally, a review is made of the possible alternative techniques to the pure nitrous oxide and oxygen sequence, and Dr. Bourne describes the method he has evolved using cyclopropane, nitrogen and oxygen, which seems to give very satisfactory results.

This book is the result of much thought, observation and original work and this reviewer recommends it to all those who may be called upon to anaesthetise in the dental chair, in casualty or in the minor operating theatre.

B.R.P.M.

Medicine for Nurses. By W. GORDON SEARS. Published by Edward Arnold. *Price* 20*s.*

In the 8th edition of his textbook *Medicine for Nurses* Dr. Gordon Sears has endeavoured to keep up to date with established medical practice. He has added some fresh diagrams and a selection of examination questions. He has also included quite an amount of material for reference purposes. All this, plus the increased expenses which automatically develop with each fresh publication, have caused the book to cost £1. This is a large sum of money for a book which is not sufficiently detailed to be an adequate reference one for nurses and which is too detailed to be employed as an "aid" to pass examinations, even though it includes some excellent summaries of certain medical conditions.

R.M.B.

SPORT

RUGBY

Hospitals' Cup—1st Round

Guy's v. Westminster

At Richmond 11th January, 1961

Result: Won 9—0

The nature of the Hospital's first Cup victory is indicated by the fact that two-thirds of the points total came from drop goals. The forwards were sufficiently on top for victory never to be in doubt and they supplied the backs with what almost appeared to be an excess of the ball. The backs ,however, either surprised to receive so generous a supply of the ball so early in a Cup game, or confused by the dogged defence of the opposition, were able to cross the line on only one occasion. The advantage of any breaks in midfield was quickly lost by the keen tackling of the opposition, and often by our own passing mistakes.

From the start, Guy's wasted no time in attacking and a couple of high diagonal kicks by Healey tested the opposition, but bounced too awkwardly for Biggs to gather. Conditions were relatively firm for the time of year and both sides willingly opened the game up when in possession. English and Lloyd-Edwards harassed the Westminster half-backs constantly and on one occasion the former took the ball at his feet deep into opposition territory. A quick heel from a loose scrum allowed Bryant his first successful drop kick. Guy's kept pressing, but were kept out. A diagonal kick by Bryant just rolled into touch-in-goal before Egwuatu could get there; Harris tried sheer force; Murray and Cooke changed duties; but all efforts to cross the line failed. At last Bryant took matters in hand again and, with a nonchalant air, dropped another goal.

The same pattern of play was followed in the second half. Westminster showed no signs of cracking and it was the Guy's pack which relaxed temporarily. The opposition were quick to move on to the loose ball and made several long runs into the Hospital's half, once nearly over. Treadwell continued to have the better of the hooking duel, which made up for the lack of domination in the lines-out. Murray gave out a good service throughout the game and got through much work in defence. The Hospital were prepared to attack from all quarters and a long run from our own "25", involving Bryant, Wright and Biggs was nearly successful. On another occasion, Healey was just forced out in the corner. Bryant attempted to repeat his own successful methods, but failed. At last, in the closing minutes, Biggs raced in field behind the scrum, but was held. The ball came loose and was passed out quickly to Egwuatu, who, having been well held earlier, now rounded his man, brushed aside the full-back and raced for the line. The kick failed.

Team: R. W. T. Myall; E. V. Egwuatu; C. Wright; J. D. Bryant; D. A. Biggs; N. J. Healey; M. D. Murray; A. C. Knight; W. T. Treadwell; J. R. Hockey; B. Blackwell; P. W. R. Harris; D. R. A. Lloyd-Edwards; S. A. R. Cooke, T. A. H. English (capt.).

Guy's v. Old Alleynian's

At Dulwich 21st January, 1961

Result—Drawn 3-3

Guy's fielded a side which shared several changes from that originally selected. Injuries to Egwuatu, Ivanans, Bernard and Treadwell, caused Biggs to move to centre three-quarter and Myall, from full-back, to the wing. Pagliero came in at full-back and B. D. Smith as hooker.

The pitch, which would be more productive of good rice than good rugby, sloped from touchline to touchline and from goal to goal. In these conditions the side playing downhill would have a considerable advantage. In fact, Guy's, facing the slope and the sun in the first-half, mounted several attacks and were first to score. The Old Alleynian's heeled the ball on their own '25', but a mis-kick was snatched up by Biggs. Accelerating quickly through a gap, the latter passed out to Healey, who had come up on the outside. Healey swerved further out, but was held just short of the line. English, following up quickly snatched the ball from between tackler and tackled and plunged over. The kick, from well out, failed. Shortly afterwards the Old Alleynian's drew level with a penalty goal. The Hospital back-row harassed the opposing half-backs well, and were quick to take the ball on at their feet. In spite of the conditions, Harris and Blackwell won a good share of the ball from the lineout, and Healey tested the defence with good diagonal kicks. Towards the end of the half, the ball and players came more in obeyance with gravity and the Old Alleynian's pressed hard from the Hospital's '25'. The defence held, however, by instant falling, good kicking and on one occasion a perfect wheel and foot-rush.

The second-half ran more to form with the Hospital having all the territorial advantage. In fact, the Old Boys made only a few excursions past the half-way line. The forwards maintained their share of the ball from the tight, but found it difficult to obtain the ball quickly from the loose. The backs attacked by both passing and kicking, but were defeated either by the run of the ball or the solidity of the defence. On one occasion it seemed that Pagliero, who had a sound game throughout, would knock all before him; but he appeared to sense the distance from his domain and passed on. The players were rapidly becoming indistinguishable and even the referee was forced to re-check the identity of a player touching down—unfortunately a defender. In the closing minutes, Murray, who with Healey had enjoyed a successful afternoon, broke on his own from a line-out. Faced with a defender on the line, he chose to crash over, only to see the ball slip, sadly, from his hands. At "no side" the scores were still level—but the Hospital line still uncrossed.

Team: M. Pagliero; G. Lillicrap, J. D. Bryant, D. A. Biggs, R. W. T. Myall; N. J. Healey, M. D. Murray; J. R. Hockey, B. D. O. Smith, A. C. Knight; B. Blackwell, P. W. R. Harris; D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English (capt.).

SQUASH

Guy's v. Escorts—5th January at Guy's

A. Gazdar lost to I. G. Davies 2-3.

G. Davies beat P. Kinninmonth 3-0.

D. Richmond beat L. G. Rump 3-1.

M. Blake beat C. Beccle 3-0.

D. Hall beat P. Davies 3-2.

Guy's won 4 matches to 1

HOCKEY

Guy's v. Old Beccelhamians

Away Saturday, 7th January, 1961

Result—Won 3-2

As has happened on many previous occasions this season, Guy's found themselves playing away on the sort of pitch which requires sure footing, a quick eye and an everlasting vigilance for the unexpected. Stickwork, short passing and all attempts at interception could be left behind—buried in thick mud.

The home side, possibly used to the conditions, settled in to the only feasible plan of "hit and run" tactics somewhat before Guy's. The game thus started with a difficult period for the Guy's backs. A large proportion of skill and certain degree of luck, however, saw them through and the forwards were able to start the scoring after about 20 minutes. From this point onwards Guy's seemed the stronger side with the attack, particularly on the right always pestering the harrassed defence of their opponents.

If any individual is to be congratulated on this game it must surely be Wilen, the substitute goalkeeper, who played the sort of steady game which can give confidence to the whole side. If any criticism is to be made it is surely of the present lack of fitness throughout. This is not the team which is going to retain the Cup this year or even win the next round, to be played in the near future.

Team: H. Wilen; R. Lallemand (capt.); G. Hodgson; R. Strickland; M. Conybeare; J. Varnes; J. Grunpert; M. Blake; M. Steyn; P. Liddiard; S. Lal.

Guy's v. Tulse Hill II

At H.O.P. 21st January, 1961

Result—Won 6-1

Tulse Hill came to Honor Oak Park with a formidable reputation and the Hospital, at full strength for the first time this term, anticipated the game with a little apprehension. However, inside ten minutes, an inspired Guy's side were three goals up and were well in command. The ball was swung around from side to side, from man to man and Tulse Hill were never allowed into their stride.

Liddiard, running in from the left wing pushed the ball home for the first goal and Gumpert followed suit with a splendid 'sweep to mid-wicket', which again evaded the goalkeeper. Guy's pressed again and after a goalmouth melee Blake made it 3-0. And so the score stayed till half-time.

Soon after the re-start, the ball found Hodgson's foot inside the circle and Tulse Hill scored from a beautifully taken penalty corner. But their revival was short lived and all credit to Guy's for not allowing a further come back. The way to meet goals is with more goals and this is just what happened.

A superb cross pass from Lallemand and Blake was away like a flash, with the Tulse Hill defence in a terrible tangle; up to the full back, inside to Steyn and that was number four. The initiation of this goal underlined so clearly the value and potency of the hard-hit, square cross pass. A few minutes later Blake was away again and Steyn once more added the finishing touch with a nicely placed shot, inches inside the post.

Not satisfied with five goals the pressure continued and Blake crowned a tremendous performance with an unforgettable individual goal. Collecting the ball midway in the opponents half, to beat the unhappy full back on the outside, he pulled the ball back from another covering defender and as the goalkeeper advanced crushed an unstoppable shot into the net. And so the score stayed.

Hodgson had his best game yet and tackled with great determination. Lallemand was his usual competent self and Conybeare worked like a demon all over the place. Both wings had excellent games and Blake made openings for Gumpert and the other forwards almost at will. These were accepted gratefully, but it was a pity the half dozen penalty corners, awarded to the Hospital, were not put to better use.

It was a pleasure to watch the speed and accuracy of ball distribution, and the determination and enthusiasm which the XI put into the game. May it continue thus, for the remainder of the season.

Team: M. Crowe; G. Hodgson, R. C. Lallemand; R. L. Strickland, M. Conybeare J. P. Sedgwick; R. Gumpert, M. W. Blake, M. D. Steyn (capt.), Z. Cader, P. Liddiard.

Results to date:

	P	W	D	L	Goals F	Goals A
1st XI	10	4	4	2	27	24
2nd XI	7	3	1	3	10	22

SOCCER

Guy's v. Middlesex Hospital

Hospitals' League

Home 14th January, 1961

Result—Won 3-0

In muddy conditions at H.O.P., Guy's had two reserves playing in their second game of the term.

The game began briskly with both sides having chances. After half-an-hour Palmer took the ball to the goal area and hit the crossbar. The ball rebounded to Trayfoot who had plenty of time to score. Then from a corner Trayfoot headed the ball goalwards. It rebounded from the base of the upright and Cochrane scored from a narrow angle.

Middlesex took more of the game in the second half and twice came close to scoring. But Guy's increased their lead. Trayfoot ran on to a well-placed pass by Shepherd and beat the goalkeeper.

The defence played well under heavy conditions with Cochrane outstanding at centrehalf. Palmer worked hard in attack and defence. Although there were weaknesses in the Guy's side the play was encouraging for the Cup semi-final against Mary's to be played in a few weeks.

Team: L. G. Parry; A. Winchester; P. Sheridan; C. Barrett; J. Cochrane; F. McGinn; K. Hughes; R. Shepherd; N. Trayfoot; A. Palmer; B. Mason.

BOXING

UNIVERSITY OF LONDON CHAMPIONSHIPS

Guy's Hospital Boxing Club started the 1960-61 Season with a very fine win in the University of London Championships. This reflects fairly the present strong condition of the Club, which is largely due to the enthusiasm and hard work of the trainer, Charlie Pocknell. Ten boxers were entered in the Championships, three winning their finals.

Individual Fights

Bantam-weight

Not for the first time, J. Weedy—W.O.

Feather-weight

K. Huffner, L.S.E. v. A. Pickering, Guy's

A. Pickering boxed with coolness and intelligence against a much more experienced opponent. Unaffected by his opponent's height and awkward style, he scored well to the head and body and was extremely unlucky to lose a very close points decision.

Light-weight

E. Chater, Guy's v. G. York, Imperial College

Boxing with speed and intelligence, E. Chater started his fight with G. York by scoring well with his left hand. However, half way through the first round he received several heavy blows to the head which resulted in a knock-down, soon after which the referee stopped the fight in York's favour.

Welter-weight

Semi-final

B. Taylor, Guy's v. I. Garside, Guy's

In a close and interesting fight I. Garside used his height and reach intelligently to score well at the beginning of the fight. However, B. Taylor's fitness gradually told and he finished a clear winner.

Final

B. Taylor v. R. Milner, Middlesex Hospital

After a closely-fought first round, B. Taylor caught his man with several good blows at the start of the second round, and R. Milner went down for a count of eight. However, Taylor's exertions in the semi-final had taken much of his strength and he was unable to finish off his opponent. R. Milner, taking advantage of the tiring Taylor, boxed well and was lucky to win a very exciting fight by the smallest possible margin.

Light Middle-weight

Semi-final

J. Nicholas started his fight in his characteristic fiery manner and demolished his unfortunate opponent in half a round, the referee stopping the fight.

Final

J. Nicholas, Guy's v. L. Mitchell, King's College

J. Nicholas started the first round with more enthusiasm than caution and a good punch by the experienced L. Mitchell put him down soon after the start of the first round. Although obviously not greatly affected by the punch, J. Nicholas failed to rise in time and the referee was forced to award Mitchell the verdict. A disappointing end to what was hoped would be an exciting fight.

Middle-weight

Semi-final

P. Robinson, Guy's (alias C. Warden) v. C. Wright, Guy's

C. Wright showed great promise in his first fight for Guy's. He boxed with coolness and defensive skill against a tougher opponent, but P. Robinson attacked hard and his fitness and superior aggression won him a close fight.

Final

D. Stubbs, Guy's v. P. Robinson, Guys

In a well reported final, D. Stubbs boxed with skill and nonchalance to score well for the first two rounds against an opponent who was tired by a hard-fought semi-final. However, in the third round P. Robinson summoned all his reservations of stamina to attack with vigour and efficiency, and won a very close and unexpected victory over a surprised Stubbs.

Light Heavy-weight

D. Mansie, Guy's

Relieved by B. Shaw's promotion to heavy-weight, D. Mansie had a walk-over.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

Special First Examination for Medical Degrees

December, 1960

A. H. Brook; B. J. Mason; J. H. Whitworth.

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

November 1960

Honours

B. Matthews (Distinguished in Medicine)

Pass

J. P. Balfe
T. W. Cutress
P. R. Dean
Mary P. Gamble
T. M. A. Heesom
J. A. Howard
C. E. M. Lamb
W. T. Lamb
M. J. Lewis
C. S. McKenzie
A. C. Prichard
J. D. Pullan
R. J. Rose
J. R. Salter
Pauline F. Scotrick
Pauline E. Shaw
J. R. Skippen
D. G. Stone

Part I

C. D. Boxall
J. B. Burt
M. E. Cave
E. J. N. Chater
P. J. Eden
Margaret N. Evans
S. C. R. Evans
P. D. Gedge
R. M. N. Hooker
A. E. P. Hudson
R. P. Jenkins
D. R. A. Lloyd-Edwards
J. V. Maddison
R. J. T. Miles
R. D. Owen
J. Page
A. J. Pickles
Judy M. Pritchard
C. R. Rankine
R. H. Sainsbury
R. J. Tate
N. J. Trayfoot
M. R. Trevelyan
Janet P. Whittam

Part II

J. L. Alexander
M. W. Blake
Helen E. E. Cash
J. V. Collins
D. C. Cox
I. G. Crossman
G. Dexter
Clare M. Duncan
P. M. Everett
Monica Friedmann
G. T. Green
Jennifer A. Hall
P. J. C. Hargraves
N. J. D. Hodges
E. M. Hoskins
E. D. Jones
P. J. Leopard
W. Long
P. W. Mead
M. J. Mitchell
J. Neale
H. N. Parfitt
J. D. O. Parkholm
Marian E. Phillips
H. W. Preiskell
Patricia M. Ryder
A. J. Simons
Sylvia Tee
Anita R. Thomas
W. G. Webb
A. M. Wengraf
H. A. Wilén
J. L. Williams

NURSING NEWS

Miss A. Denholm has been appointed Assistant Matron of Bromley Hospital.

Entered:

Sister J. Mitchener to *Theatres.*
Sister J. Shorney to *Victoria.*
Sister S. E. Gough to *School of Nursing.*
Charge Nurse J. Jones to *Night Duty.*
Staff Nurse A. Burnside to *Night Duty.*
Staff Nurse P. Wardrop to *New Cross Theatres.*
Staff Nurse A. Theaker to *Barnabas.*
Staff Nurse S. Rouy to *York Clinic.*

Left:

Sister M. Johnson from *Bright.*
Charge Nurse E. Meyrick from *Theatres.*
Staff Nurse S. Dyde from *Nuffield B.*
Staff Nurse P. Lewis from *Lydia*
Mr. Quarrier (male nurse) from *York Clinic.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

OXFORD. Assistant required with view to partnership in busy expanding dental practice. Modern surgery with Ritter Unit and Airotor. Remuneration on percentage basis. Pleasant unfurnished flat available over practice. Box No. 251.

LOCUM *desired for St. Albans dental practice* between 25/5/61 and 14/6/61. Please contact Mr. Jennings, 23, Upper Lattimore Road, St. Albans, Herts.

GUY'S MAN required as assistant in happy dental practice in Dorset market town near coast. Hard work, good remuneration, scope for most sports and pastimes. Box No. 254.

ASSISTANT DENTAL SURGEON to Guy's man in Surrey. Within 30 minutes Waterloo. Modern well equipped practice. Remuneration favourable. Furnished flat available. Box No. 255.

FOR SALE

1960 AUSTIN HEALEY SPRITE. 10,000 miles. *Many extras including heater* and undersealed. Maintained excellent condition. Owner wants bigger car. £540. Box No. 253.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Allan, F. Difference in Dentition of Two Monozygotic Twins. *Brit. dent. J.*, 1961, **110**, 21.

Brockner, S. and another. New Cases of G.P.I. *Brit. med. J.*, 1961, i, 18.

Bunyan, John. The Use of Hypochlorite for the Control of Bleeding. *Oral Surg.*, 1960, **13**, 1026.

Butterfield, W. J. H. Modern Treatment of Diabetes Mellitus. *Med. Pr.*, 1961, **245**, 5.

Earl, C. J., Thompson, R. H. S. and another. The Distribution of Copper in Human Brain. *Brain*, 1960, **83**, 709.

Gorrill, R. H. and De Navasquez, S. The Pathogenesis and Evolution of Experimental Pyelonephritis in the Mouse with Special Reference to Comparable Conditions in Man. *J. Path. Bact.*, 1960, **80**, 239.

Jones, J. Spencer. An Investigation in Volunteers Undergoing Mass-Radiography Examination in the City of Canterbury, 1958. *Tubercle*, 1960, **41**, 441.

Lange, M. J. The Preparation for and the Results of Surgery in Myasthenia Gravis. *Brit. J. Surg.* 1960, **48**, 285.

Mayhew, R. A. J. Modern Methods in the Treatment of Jaw Fractures. *Med. Pr.*, 1960, **244**, 554.

Morrant, G. A. and another. The Development and Application of Modern Methods in Cavity Preparation. XII. Current and Possible Future Development of Apparatus for Cavity Preparation. *Brit. dent. J.*, 1960, **109**, 474.

Parks, A. G. Hæmorrhoids. *Nurs. Mirror*, 16th December, 1960, **111**, X.

Stephenson, J. C. Simple Fixed-Removable Appliances for Canine and Premolar Alignment. *Dent. Practit.*, 1960, **11**, 140.

Stewart, C. J. and others. Comparative Tuberculin-Testing of Human Subjects. *Brit. med. J.*, 1961, i, 7.

Sturdy, D. E. and another. Traumatic Perinephric Cyst ("Pseudohydronephrosis"). *Brit. J. Surg.*, 1960, **48**, 315.

Williamson, A. W. R. A Case of Chondrosarcoma of the Fifth Metatarsal. *Brit. J. Surg.*, 1960, **48**, 337.

Zorab, P. A. and others. Collapse of the Lung Associated with Primary Tuberculosis: A Review of 51 Cases. *Thorax*, 1960, **15**, 346.

CHANGES OF ADDRESS

P. G. Benson, M.R.C.S., L.R.C.P., 4, Wendover Road, Aylesbury, Bucks. (Tel. Aylesbury 5445.)

A. R. Fawcett (Mrs.), L.D.S. and M. J. Fawcett, L.D.S., 64, New Park Street, Devizes, Wilts. (Tel. 207.)

H. Ripman, F.R.C.S., Red House, Sproughton (Tel. Ipswich 53325). Consulting Room: 51, Anglesea Road, Ipswich. (Tel. 53341.)

BIRTHS

BLACKWELL.—On 15th January, 1961, to Mavis and Barry Blackwell, M.B., B.Chir., a son (Simon).

COE.—On 13th January, 1961, at Rochford General Hospital, Essex, to Dr. and Mrs. M. J. S. Coe, M.R.C.S., L.R.C.P., a son (Geoffrey John), brother for Julia.

LEVISON.—On 1st January, 1961, at St. David's Hospital, Bangor, to Pamela, wife of H. Levison, F.D.S., a daughter (Hazel Sian).

TWEDDLE.—On 9th January, 1961, to Pauline, wife of Eric Tweddle, L.D.S., R.C.S., a daughter (Jessica Jane), sister for Alisdair.

MARRIAGE

ANDREW—ASHTON.—On 29th December, 1960, John Andrew, B.D.S., L.D.S., to Wyn Ashton.

DEATHS

BARGE.—On 15th December, 1960, suddenly, at Fulwood, Hamble, Hants, Herbert Ferris Barge, L.D.S., R.C.S., House Surgeon, Guy's Hospital, 1907/1910.

DENNING.—On 31st December, 1960, Arthur F. W. Denning, M.B., B.S., of Windy Ridge, St. Mildred's Avenue, Birchington, Kent.

LINDFIELD.—On 9th January, 1961, R. I. Lindfield, F.R.C.S., late Thoracic Surgical Unit, Guy's Hospital.

PEDRICK.—On 27th December, 1960, Percy Vivian Giles Pedrick, M.R.C.S., L.R.C.P., L.D.S., of 30, Earls Road, Tunbridge Wells, Kent, in his 81st year.

ROGERS.—On 6th January, 1961, suddenly at his home, Briar House, 7, Frank Dixon Way, Dulwich, S.E.21, Frank Aitken Rogers, L.D.S., aged 50 years.

SCARLETT.—On 12th January, 1961, suddenly, James Henri Stuart Scarlett, L.M.S.S.A., of 12B, Beckenham Grove, Shortlands, Kent.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1893 11*th February* 1961 *One Shilling*

PASSIM

THE air we breath in the Borough assumes many aspects and fulfils many functions apart from keeping us alive; the essential act of breathing itself has its risks, and many insidious pulmonary lesions are laid at its door by the physicians. The architectural effects of air pollution in London are difficult to ignore. Wren built his great edifice, St. Paul's, and then bought a house exactly opposite on Bankside, so that every time he looked North he was reminded of his brainchild. When it became obvious that the London air was dissolving away the exterior of the Cathedral (among other things) the grateful inheritors of the Cathedral promptly banned coal fires in the City and at about the same time the Bankside power station, less than half a mile from Wren's house began to discharge electricity into the homes of South London and fumes into the upper air. From the top of a number thirteen 'bus the saints of the Cathedral's South side seem to look over the Thames with horror written on their crusty, disfigured faces, waiting for that gentle southerly breeze which will eventually topple them into Ludgate Hill.

Industrial areas are of course worse affected. Doncaster, in the lee of Sheffield possesses a century-old church built of limestone; the experts say that the most malign constituents of the Doncastrian air are sulphur dioxide and trioxide, and when it rains and the wind is in the right direction, the natives swear that the church can be heard fizzing gently as its great bones dissolve.

Hunt's House, which is about the same age as Doncaster Parish Church, has been more fortunate in this respect. The Bath stone of which it is built protects itself from solution by forming a thick black layer which, when removed, reveals the almost startling white surface beneath. Before the last war cleaning of building exteriors was an arduous business involving much expense and time, but now that there are more efficient techniques, using water sprays and mechanical sanders, Hunt's House is having its first well-deserved face-lift.

To those of us who have come here from the country this attempt to remove the gloomy background to our lives is a welcome sign. But we all, whether from town or country look forward to a cleaner, brighter, and altogether more inhabitable Guy's.

We are most pleased to hear that the Governors have approved the appointment of Mr. A. H. Burfoot as Clerk to the Governors in succession to the late Mr. B. Lees Read.

Mr. Burfoot who has been Assistant Clerk to the Governors since 1948 first came to Guy's shortly after the end of the war when on leaving the Merchant Navy he was awarded a bursary in Hospital Administration. During that time he spent six months at King's College Hospital, and a year at Guy's. He gained a B.A. degree from University College in 1938, and was elected a Fellow of the Institute of Hospital Administrators in 1953.

The post to which he has been appointed is a continuation of one that has been occupied by a succession of brilliant and loyal workers for the Hospital. We wish him great success and a long and happy stay.

There have been many enquiries about the Guy's Directory which we undertook to publish this year. The proofs of the 1961 Directory are well advanced, and it is hoped that it will be on sale within the next three months. There has been no new edition since 1957, so that the present revision has required a great deal of laborious work. The names of those who have already ordered copies have been noted; other details of its sale will be given in the *Gazette* when it is published.

The Residents' Play changes little over the years, so we are interested in the Producer's promised innovation of starting the play at the advertised time (8 p.m.). We hope that the prompt start will not rush the audiences too much, for adequate wining and dining is an essential prerequisite to either understanding or misunderstanding the play.

We take this opportunity of drawing attention to the letter from Mr. Donald Ross which appears on page 56.

IN BRIEF :

The Hunterian Oration will be delivered by Sir Russell Brock on 14th February, at the Royal College of Surgeons. The title is "Museum Research, and the Inspiration of Hunter."

The working party set up by the Department of Scientific and Industrial Research to consider national needs in the field of scientific film includes Professor Foxon, and Mr. C. Engel of the Medical Illustration department.

Dr. Brooke Barnett, Assistant Secretary of the Medical Defence Union is to give a Clinical Lecture "Dr. Simple's Medico-legal experiences", on Tuesday, 21st February.

GUY'S DIARY

FEBRUARY			Exhibition. *Surgery of the Neck.*
			Clinical Lectures
			(Dr. Moynahan—*The History of Medicine—Part II.*)
13th	M	1.00	(i)—*Medicine in the Hellenistic World.*
14th	T	1.00	(ii)—*Medicine in Rome.*
15th	W	1.00	(iii)—*Byzantine and Arabic Medicine.*
16th	T	1.00	(iv)—*Anglo-Saxon Medicine.*
17th	F	1.00	(v)—*Medicine in Chaucer's Day.*
18th	S	2.30	Rugby. Guy's v. Aberavon at H.O.P.
21st	T	1.00	Dr. J. W. Brooke Barnett, Assistant Secretary of the Medical Defence Union. Clinical Lecture. *Dr. Simple's Medico-Legal Experience.*
23rd	Th	12.00	Mr. H. B. G. Robinson (Dean of Kansas City Dental School). Dental Clinical Lecture. *Diagnosis of Cysts of the Jaws.*
		1.00	Mr. Glover. Clinical Lecture.
24th	F	1.00	Mr. Brain. Clinical Lecture. *Oesophagitis and its Complications.*
25th	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
		2.45	Rugby. Guy's v. Exeter at Exeter.
27th	M	1.00	Dr. Hutton. Clinical Lecture. *Anaesthesia in the Dental Chair.*
28th	T	1.00	Mr. Reading. Clinical Lecture. *Beethoven's Deafness.*

NOTICES

GUY'S HOSPITAL DENTAL SOCIETY

ANNUAL DINNER

The Annual Dinner will be held this year on Clinical Day, the 4th March, at the Park Lane Hotel.

Circulars for application for tickets have been sent out and anyone who has not yet received a circular should apply to the Hon. Dinner Secretary.

As will be noticed there has been, regrettably, an increase in price due to increased hotel charges.

M. J. MITCHELL,
Hon. Dinner Secretary.

GUY'S HOSPITAL STUDENTS' CLUB

ANNUAL GENERAL MEETING

The Annual General Meeting of the Students' Club will be held in the Quiet Games Room in the Students' Club, on Tuesday, 28th February, 1961, at 12.15 p.m.

D. A. F. McGILL,
Hon. Secretary, Guy's Hospital Students' Club.

AGENDA

1. To confirm and sign the Minutes of the last Annual General Meeting.
2. Matters arising from the Minutes.
3. To report the present position regarding the suggested amalgamation between the Students' Club and the Students' Union.
4. To elect the following representatives to the Student' Club Committee:
   (a) One representative of the Students resident in the College and attached Hostels.
   (b) Six representatives of the non-resident students (among whom shall be at least one medical and one dental student).
5. To receive the Treasurer's Report for the year 1959-60.
6. Any other business.

OBITUARIES

ROBERT IRONSIDE LINDFIELD

It is with great sorrow that we record the death of Robert Ironside Lindfield on 9th January at the age of 35 years.

Bob Lindfield came to thoracic surgery rather late in his career having qualified at the Westminster Hospital and devoting most of his subsequent training to neurosurgery. Being of a mechanical turn of mind, the developments in heart-lung work attracted him and he was appointed Registrar to the Thoracic Unit in 1959.

Since that time and until his illness, he has worked in the Thoracic Unit with special responsibility for supervising the running of the heart-lung machine. During this time he had the satisfaction of seeing the use of this machine become a routinely successful operating theatre procedure.

He was conscientious and unfailingly cheerful. No matter how tense the situation became, one could rely on his ability to handle it quietly in the background without upsetting the course of the operation.

He leaves a wife and four young children, the youngest being only six months old. We would like them to feel that we are standing by them at this time.

D.N.R.

MRS. OLIVE ZORAB

Obituary notices are confined usually to members of the Hospital. An exception is made in this case for reasons that will be apparent.

Mrs. Olive Zorab had a long association with Guy's. Her husband, the late Arthur Zorab, qualified in 1906, and subsequently became an ophthalmic surgeon in Southampton. His five sons have all qualified from Guy's. Mrs. Zorab's connections with the Hospital were not, however, confined to her son's activities. Before the war she raised money for the Hospital on a number of occasions. Since the war, as a patient, many members of the Hospital came to know her well. Others will remember her for a different reason. At the Hospital Cup Final in 1956 a "Royal Party" arrived to be shown into the Royal Box. The youth of most members of the party aroused the suspicions of some officials but these were allayed by the presence of an elderly dowager The Countess of Blakely, and the party were accorded due respect. The dowager Countess of Blakely (alias Mrs. Zorab) saved the day.

As well as her five sons and one daughter, Mrs. Zorab leaves seventeen grandchildren and no doubt at least some of these will carry on the tradition of what is truly a "medical family".

THE CRISIS AT GUY'S

By

STANLEY A. PLOTKIN, M.D., Philadelphia

IN medical, as well as in any other form of history, there are small incidents which bring into focus great issues. Such an incident was a dispute concerning the hiring of nurses and their functions which in 1880 thoroughly disrupted Guy's Hospital. The outcome of the dispute symbolized the destruction of organized medical resistance to the idea that had been growing for 100 years of nursing as a profession.

The establishment of secular nursing is inextricably bound to the work of Florence Nightingale. The first training school organized according to her precepts opened in 1860 at St. Thomas' Hospital in London. During the succeeding 20 years, many other hospitals developed schools to train professional nurses: for example, Liverpool Hospital in 1862, Edinburgh Hospital and New England Hospital for Women in 1872, Bellevue in New York in 1873, and St. Bartholomew's in London in 1877.[1,2]

Although Guy's Hospital had been established long before as a leading medical institution, it was not until 1879 that a nurse educated under the Nightingale system was employed to reorganize its nursing staff.[3] This tardiness reflected the conservative attitude of a significant part of the medical world with regard to nursing by "educated ladies": for example, four years before the Guy's Hospital training school opened, the medical officers of King's College Hospital acted to curb what they regarded as excesses of the new nursing system.[4]

Thus the selection and training of nurses was far from a dead issue when on 1st November, 1879, Miss Burt, the new "Nightingale-trained" matron, took charge of nursing at Guy's. Apparently she came into immediate conflict with the staff physicians, for on 29th December, 1879, the medical staff critized the new nursing arrangements in a letter to the hospital's Board of Governors.[5] (In his book, *Mr. Guy's Hospital:* 1726-1948, Dr. Cameron[5] discusses the subject of the present article in some detail, though confining himself principally to the hospital's own records. However, Dr. Cameron differs from this writer in his view that the incident was an avoidable misunderstanding between the medical staff and the Governors, the latter group having been in the right.) The letter produced little effect, but a similar one written in February, 1880, induced the governors to hear three days of testimony by the medical staff concerning the inequities of the new nursing system. After hearing the testimony, the governors, through the Treasurer, Mr. Edward Lushington, denied that fundamental changes had been made, but

offered the concession of inviting the attendance of the medical staff at meetings of the superintendent and the matron. *Lancet* commented that the exchange of letters did not seem likely "to produce more than a temporary calm." [6]

The calm was shattered indeed a few weeks later when an article entitled "The Present Crisis at Guy's Hospital" [7] appeared in the magazine *Nineteenth Century*. The author was Miss Margaret Lonsdale, a writer of novels about nursing, who for five or six weeks before the publication of the article, had been a nursing student at Guy's. In her article she contrasted the new nursing system with the old, and made the following charges: 1. The nurses at Guy's had been women of the charwoman class, whose moral character had not been adequately investigated; that they were wholly without training in the matter of nursing, and spent their leisure time "too often, alas ! in the nearest public-house," from whence they returned "at the regulation hour, more or less the worse for drink." 2. The night nurses slept whenever they could, "regardless of the wants and dangers of their patients." 3. The nurses had been lacking in general education and special training. It was conceded that a nurse might become expert in various ways, ". . . especially in attendance upon the medical staff, and in prompt and skilful obedience to their orders. She would learn to watch critical cases in the doctor's absence, and to act with ability under his orders. After some years at her work it would be strange indeed had she not accumulated a certain amount of experience in the treatment of various diseases of the particular kind she may have had to deal with in her own ward. But all this time she must have remained in absolute ignorance of the first principles of nursing the sick." 4. A doctor is not necessarily a good judge of the details of nursing. 5. Doctors object to the new system, because they fear that public attention may be drawn "to practices and experiments which are better not mentioned beyond the walls of a hospital," and because "the presence of refined intelligent women in the wards imposes a kind of moral restraint upon the words and ways of both doctors and students, which some of them desire to get rid of." 6. That the presence of the medical students in the wards is often "a hindrance of a serious kind to the nurse's work" ; that students dare to go behind screens without asking the permission of the officiating nurse, and regard nurses as machines for answering questions and clearing up "any mess they may choose to make." That "familiarity" existed between house doctors and nurses, and that this "contributed largely to the low tone of morality for which the wards were remarkable."

Reaction to the article was immediate. Four separate replies were published in the May issues of the *Nineteenth Century* and the *Contemporary Review*[8-11]; three by attending physicians at Guy's Hospital: W. W. Gull, S. O. Habershon, and W. Moxon.

The nurses of the old system were stoutly defended: "These were not drunken, immoral, untrained women, but valuable, efficient nurses who had served faithfully and intelligently, some of them for many years . . . . The charges against the night nurses . . . are most unfounded. In my earlier professional life, I have visited the wards at all hours of the night, to attend upon some severe cases, and have

often entered when I was not expected, but I can say I never witnessed such things." [9]

All of the replies stressed the absurdity of the idea that doctors were not good judges of nursing. Dr. Moxon sarcastically asked, "What are all these mysterious details of nursing of which doctors are not judges ?—which it takes one, two, or even three years of severe training to acquire; which doctors cannot know except by results, . . . what is all this occult and recondite mystery ? " [11]

In answer to the charge that the doctors and students were held in moral restraint by the new nurses, Dr. Moxon queried, "Does Miss Lonsdale think that in the presence of suffering, whose intensity calls for deep pity—nay whose awful hopelessness too often rather moves our reverence—we are to keep a slant eye on refined and intelligent women ? Does she offer to men, so heartless as to be untouched by our crowds chosen from misery, the help of female influence ? " [11]

Dr. Habershon also came to the defence of the medical students: "But what is it that has made Guy's Hospital such a name in the world ? Is it not the very presence of these students that insures accuracy of observation, and enables scientific details to be noted which would otherwise be impossible ? At the same time, the opportunities afforded to the students at the bedside for the study of disease have secured that skill and experience in the medical practitioner the benefit of which the public have so largely shared. Anyone who has known the work of the students, and has heard the patients speak of their attention, can be a testimony to the estimate in which they are held by the inmates of the hospital." [9]

Dr. Gull came closest to the heart of the nursing issue: "The true, and I believe the chief objection which medical men have felt against the new order of nursing is that it introduces a new element between them and their patients. It had been naturally a recognized, if not expressed principle both in hospital and private practice, that in the treatment of a patient everything is to be subordinate to the purpose of the physician or surgeon." [8] To which might be added Dr. Moxon's comment, "The reader of Miss Lonsdale's paper might be struck with this—that she never, or hardly ever, says a word about the sick. The nurse, who should be the means of relieving the sick, is made an end in herself; and I will say further, that the so-called "new system" sacrifices the good of the patient to the training of the nurse and hence is opposed by the doctors.[11]

In a passage which gives us insight into the origin of some of the more vexing practices of present-day hospitals, Dr. Habershon observed: "In former times it was the custom for the convalescents to have their breakfasts at 6.00 a.m., and to rise when the ward was warm and comfortable. According to modern notions, it is thought desirable that the night nurse should make the beds, therefore, the patients have been turned out at half past five. For a patient just recovering from rheumatism or bronchitis to rise in a cold ward on a cheerless winter's morning, one hour and a half before breakfast (which is now given at 7.00 a.m.), in order that the night nurse might attend to her duties, is not what we should consider good nursing . . . Cleanliness is a most important point even in health, and still more needful in sickness, but life is better. One of the new rules is to wash

backs, and the nurse or probationer must obey her directions . . . imagine the risk to a patient in the third or fourth week of fever, with whom a very slight movement might take away his chance of life by producing fatal perforation; but to carry out the new system he must be turned about, that the back may be washed, or he might get bedsore. We think that it might be better to preserve the chance of life, than to let the patient die with a clean back." [9]

In the June issue of *Nineteenth Century* Miss Lonsdale retracted her original charges,[12] but the basic cause of disagreement between the governors of the hospital and the medical staff was unresolved and was now public. On 15th June, the medical students took a hand in the dispute by hissing the Treasurer, Mr. Lushington, as he walked through the hospital. According to a letter to the London *Times* by Drs. Mayland and Russell (respectively, the Senior House Surgeon and Senior House Physician), the hissing was conducted with the utmost decorum, and after deliberate consideration.[13]

Within a month, the entire issue erupted following the death of a patient at Guy's under circumstances which led to a legal charge of manslaughter to be lodged against a nurse. The latter had given a patient a cold bath on the authority of a head nurse and without permission of a physician, and the patient had died soon afterwards. (A similar incident occurred in October. A nurse in the surgery ward dressed a scalp wound of a man who had been knocked down by a cart, and sent the patient away without having him seen by a doctor. The next day the man returned, and on examination by a surgeon a skull fracture was discovered: the patient later died. In excuse for her actions the nurse said, "As to directions with regard to consulting the surgeons, I have had none directly." [14])

The feeling of the Guy's medical staff concerning the state of nursing at Guy's were expressed in a letter to the Board of Governors written jointly by the Senior Physician, Dr. Habershon, and the Senior Surgeon, Mr. Cooper Forster. The letter refused co-operation "so long as the present matron is maintained in office, and so long as the Treasurer continues the course of action which has led to our present disaster. . . . We cannot consent," it said bluntly, "to take part in a system which we and you alike know, by the unhappy experience of the last few months, to be in every respect mischievous."[15]

Said the *Lancet:* ". . . the system and principle of treatment by nurses or sisters is a most serious evil, and one which cannot be too strongly denounced. Nothing should be left to a nurse, whether it be the use of a bath at discretion, or the exercise of judgment as to the expediency of getting a patient out of bed. The physician's directions ought to be precise, and it is by failing to give definite instructions and leaving details to nurses, that the growth of nursing into a separate system has been encouraged." [16]

At their next meeting, in October, the governors issued the following resolution: ". . . it is the attitude of the medical staff which impedes the harmonious working of the hospital. . . . Dr. Habershon and Mr. Cooper Forster, having made themselves responsible for a circular in which they . . . impute to the Governors that they knowingly persist in the mischievous system, are hereby required to resign the posts which they hold in the hospital." [15]

An emergency meeting of the medical staff unanimously requested the governors' permission to withdraw the letter, and added that Dr. Habershon and Mr. Cooper Forster had signed the letter on behalf of the staff, and that the staff was, therefore, collectively responsible for it.

The Governors reciprocated by withdrawing the request for the resignation of Habershon and Cooper Forster, but the outcome of the exchange rankled the *Lancet:* ". . . the staff has hauled down its flag in the matter of principle by withdrawing a letter which, if not altogether wisely worded, was in fact and spirit a simple and manly statement of the facts, and the Governors had determined among themselves to make the most of a submission instigated as they assumed, by a selfish fear of the consequences, from a body of professional men who had rashly taken up a position of defiance they were not prepared to defend," [17] *Lancet* then went on to suggest that the only correct course for the medical staff to take was to resign in a body and to throw the responsibility for the institution and the pupils on the governors.

No resignation came. The reasons for the failure of the Guy's staff to do so were clearly stated by a member in a letter to the editor of *Lancet* dated 13th November, 1880. "We are told that we represent the profession, and that it is humiliated. If so, whence should have come our support ? Of the dozen medical schools in London, which has moved to our assistance ? Of the hundreds of teachers, two only have taken up our cause. The profession has looked on amused, but not self-interested. It would see the hospital dismantled, the junior staff ruined, and 400 students scattered to the winds before it would move a finger in our support; and further, we are assured on every side that there are hungry malcontents but waiting for the fall of the great reputations to rush in and plunder among the ruins." [18]

Nevertheless, several weeks later Dr. Habershon and Mr. Cooper Forster resigned, their positions having been made untenable by the action of the Board of Governors and by the retreat of the rest of the medical staff. Their resignations were accepted by the Governors and successors quickly named to fill their places.[19]

The Guy's staff was now satisfied with the situation, judging from the last mention of the dispute in the pages of *Lancet:* "The medical session at Guy's Hospital was opened on Monday. . . . Mr. Gibbs, President of the hospital, distributed the prizes gained by the students during the past year. Dr. Wilkes and Mr. Bryant the new Senior Physician and Senior Surgeon in proposing and seconding the vote of thanks to the president, took occasion to assert that in the recent troubles at the hospital the efficiency of the medical school was in no way imperilled and that the privileges of the students in the wards had not been curtailed." [20] Thus the revolt of the medical staff ended "not with a bang, but with a whimper."

In an editorial published in the midst of the controversy, the *Lancet* gave the following appraisal of the issue: "Whereas the grand engagement at a metropolitan hospital is just now the centre of interest, the conflict on this particular field is only one episode in a campaign on the final issue of which the best interest of the sick poor, and of medicine as an art, if not also as a science, depend. . . . hospitals

are not homes for the sick with medical advice as an adjunct; but institutions wholly medical in character and purpose and, therefore, they must be under direct medical control." [21]

The current vitality of this issue may be judged by a recent article concerning American hospital administration, in which the author says: "Although the physician is the key figure in the voluntary hospital in this country, hospital organization and administration neither reflect the doctor's actual role nor assign him a role that assures the highest possible quality of patient care." [22]

The "crisis at Guy's" thus epitomized the passage of the control of hospitals from the medical to the nursing staff. Whether the present arrangement in which patient care is largely the province of the nurse is justified by its fruits is a question meriting considered judgments, although generally more productive of strong opinions.

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1. M. E. S. Abbott: *Lectures on History of Nursing*, Toronto Magill University, 1924, p. 37.

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3. S. A. Tooley: *History of Nursing in British Empire*, London, S. H. Bousefield & Co., 1906, pp. 138-139.

4. S. A. Tooley: *History of Nursing in British Empire*, London, S. H. Bousefield & Co., 1906, pp. 88-89.

5. H. C. Cameron: *Mr. Guy's Hospital: 1726-1948*, London, Longman's, Green and Company, 1954, pp. 203-214.

6. *Lancet* **1**, 504-505, 1880.

7. (*a*) *Nineteenth Century, April, 1880*, pp. 677-684. (*b*) *Lancet* **1**, 614, 1880.

8. W. W. Gull: *Nineteenth Century, May, 1880*, pp. 884-891.

9. S. O. Habershon: *Nineteenth Century, May, 1880*, pp. 892-901.

10. A. G. Henriques: *Nineteenth Century, May, 1880*, pp. 902-904.

11. W. Moxon: *Contemporary Review, May, 1880*, pp. 877-891.

12. Lonsdale: *Nineteenth Century, June, 1880*, pp. 1105-1108.

13. London *Times*, June 17, 1880.

14. (*a*) *Lancet* **2**, 180, 1880. (*b*) *Ibid* **2**, 702, 1880.

15. *Lancet* **2**, 623-624, 1880.

16. *Lancet* **2**, 346, 1880.

17. *Lancet* **2**, 662-663, 1880.

18. *Lancet* **2**, 795, 1880.

19. *Lancet* **2**, 875, 1880.

20. *Lancet* **2**, 642, 1881.

21. *Lancet* **2**, 222-223, 1880.

22. G. Bugbee: *Physician in Hospital Organization, New England J. Med., 261*, 896-901, 1959.

We are grateful to the Editor of the "Journal of the American Medical Association" for permission to reprint this article.

OUR NEW HOSPITAL

A regular subscriber writes "My life-long friend W. Otis sent me these notes in the hope that they might interest you."

Reading about the arguments caused by New Guy's House prompts me to tell you something about our plans for St. Eustace's. These plans, which have the approval of all 800 members of the new International Committee for Hospital Design, are the last word. The new St. Eustace's is 50 storeys high, with a basement which contains the kitchens, X-ray rooms and things like that. The first two storeys are for Admission, Administration and Accounts, and above these there will be 4 storeys containing the Computers which constitute the Hospital "brain". The next 2 storeys contain operating theatres, lecture theatres, libraries and so forth. On the 2 floors next above are Out-patients and Casualty; patients for these will be brought by escalators from the Ground Floor. The purpose of this is so that they will be properly counted and assessed: as they ascend the escalators they are automatically processed by a punch-card system and the cards are finally fed into the Computers, which tabulate and analyse the patients' personal particulars, social history, television viewing habits and other vital data.

The top 40 storeys are to be occupied by in-patients and it is here that our plans are so revolutionary. To prevent cross-infection, there will be *no unauthorised crossing*. Each patient will have a unit suite, consisting of bedroom, bathroom and lavatory, and these units are arranged vertically in piles each 40 storeys high: there are 25 piles and thus we can take 1,000 patients. Each pile is served by a separate small lift, for use only by the patients in that pile and the nursing and medical staff. There are also 6 larger lifts for goods, food, etc., which can be used to carry students, visitors and people like that. A duty-shift of 5 nurses will serve each pile: thus there will be 125 nurses on in-patient duty. There will also be a floor-sister at each level, and she will prevent uncleared patients from infecting others. When ambulant patients have been cleared, they can watch television or listen to the radio (except of course the Third Programme) in a sterile Common Room on each floor. If a patient needs a nurse, he presses a button by his bed, and the Computer assigned to that pile selects and calls the nearest nurse in the pile, who reaches the patient by lift. A nurse who cannot come signals the Computer, which then selects the next nearest nurse, and so on. The nurses reach the pile lifts directly from the Nurses' Home, through a sterilised tunnel kept full of antibiotic mist.

Laboratory specimens are collected by an endless slowly-moving belt, with cups at intervals like those on a dredger, but reversed. A nurse opens a door on any floor and puts the specimens into these cups as they descend. When the cups reach the bottom of the belt they are of course inverted, and the specimens fall out into the laboratory. All the laboratory results are punched on to cards that are fed into special Computers, which issue complete diagnostic reports and statistical analyses, brought up to date hourly and ready for publication in a paper dealing with that particular condition.

I have no space for further description of what is now called the PP or Piles Plan, but you might like to have the official answers to some of the more obvious questions which may occur to you. Why is St. Eustace's to be so high ? All up-to-date public buildings must be; look around you. Anyway, we need the rest of our land for a car-park. Won't some of the machinery break down and leave you unable to carry on ? After all, in an old-fashioned hospital people can still walk or be pushed. Not at all. We have the most categorical assurances from the manufacturers that all the equipment supplied will function perfectly.

W. Otis.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME—4TH MARCH, 1961

Morning Session (10 a.m.—12 noon)

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL

11.45 a.m. "Surgical Emergencies in Everyday Practice" .. .. MR. B. W. FICKLING

THEATRE No. 3

10.00 a.m. Mandibular Osteotomy .. .. MR. D. M. MACDONALD and MR. R. C. BRET DAY
Anaesthetist : DR. P. J. HELLIWELL

DENTAL LECTURE THEATRE (OLD PATHOLOGY BUILDING)

10.15—11.15 a.m. Cine Films showing Long Term Effects of Orthodontic Treatment.. MR. W. J. TULLEY

DENTAL DEPARTMENT

GROUND FLOOR

X-RAY DEPARTMENT

Interesting Radiographs .. .. .. DR. F. L. INGRAM
Sources of Confusion in X-ray Films .. .. MISS B. A. JENNINGS

DEPARTMENT OF PREVENTIVE DENTISTRY

Fluoridated Chewing Gum .. .. .. MR. R. D. EMSLIE and MR. R. DUCKWORTH
Control of Dental Diseases .. .. .. MR. C. W. V. BULLOCK, MR. T. B. DOWELL and MR. J. METCALF
Clinical Cases: Patients treated in the Department.
Bacteriological Exhibits.. .. .. .. DR. C. W. T. SHUTTLEWORTH

CASUALTY DEPARTMENT

Examination of the Mouth .. .. .. MR. M. A. GILLON
Temporary Crowns .. .. MR. P. H. N. DAVIS

FIRST FLOOR

DEPARTMENT OF DENTAL PROSTHETICS

An Extra-Oral Gothic Arch Tracing Device .. MR. D. J. NEILL
Aids to Obtaining Final Balance .. .. MR. R. B. JOHNS
Plaster Pumice Bite Block Technique .. .. MR. P. B. MORRIS
Some Factors concerning Full Denture Stability MR. R. J. WHEATLEY
Exhibit of Students' Work.
Exhibit of Technicians' Work.

SPECIAL ANATOMY DEPARTMENT

Dentine .. .. MR. A. J. BRIDGE and MR. J. W. OSBORN

DENTAL PHOTOGRAPHIC DEPARTMENT

Cinematography of the Mouth.. .. .. MR. A. D. ROBINSON and MR. B. A. JONES, Photographer

DENTAL CLASSROOM

Colour Photography in the Teaching of Oral Surgical Techniques	MR. E. MCK. SYCAMORE

DEPARTMENT OF DENTAL MEDICINE

Pathological and Experimental Material ..	PROFESSOR M. A. RUSHTON and MR. B. E. D. COOKE
Studies on Sensation in Human Teeth ..	MR. M. N. NAYLOR
Macrophages in Dental Tissues of Young Rats	MR. M. N. NAYLOR

SECOND FLOOR

CLINICAL ROOM I

Minor Oral Surgery	MR. J. W. MANSIE

CUBICLE No. 1

Minor Oral Surgery	MR. C. I. HAGGER

PROFESSOR'S ROOM

Operative Dental Surgery	PROFESSOR W. E. HERBERT

CONSERVATION ROOM

Some Aspects of Fixed Bridge Design ..	MR. W. A. VALE (in his Room)
Anterior Crowns.. .. .. *Technicians :*	MISS I. WALLACE and MR. P. G. BENTLEY (in MR. VALE'S ROOM and Cubicle No. 5)
Gold Inlays	MR. A. D. ROBINSON
Root Canal Therapy	MR. A. H. R. ROWE and MR. W. C. MCLACHLAN
Impression Materials for Inlays	MR. P. AYLING and MR. S. J. LUBBOCK
Silicate Cements	MR. J. E. CARDWELL and MR. I. A. STUART
Restorations involving the Incisal Edge ..	MRS. P. WILSON
Sponge Gold	MR. F. M. LIND
Uses of Dental Elevators	MR. J. N. JAMES and MR. G. F. THOMPSON
Studies on Sensation in Human Teeth ..	DR. D. J. ANDERSON and MR. M. N. NAYLOR
Dye Diffusion in Human Dentine	DR. D. J. ANDERSON and MR. G. A. RONNING
Tooth Movement in Experimental Malocclusion	DR. D. J. ANDERSON
Exhibit of Students' Pre-Clinical Work.	

CHILDREN'S DEPARTMENT

Some Treated Cases	MR. R. E. RIX
Research Methods using Cine X-ray Technique	MR. W. J. TULLEY and MR. P. M. BENZIES
Soldering Techniques in Constructing and Repairing Orthodontic Appliances	MR. P. M. BENZIES
Distal Movement of Premolars using Coil Spring on Removable Appliances	MR. H. D. A. HOPE
The Measurement of Tooth Movement during Orthodontic Treatment	DR. D. J. ANDERSON, MR. G. A. RONNING and MR. C. E. M. LAMB

A group demonstration will be given by all members of the Staff on treatment of crowded lower arch, and treated cases will be shown by Mr. J. J. HALL.

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE

2.30 p.m. Lecture: Cases referred by Practitioners .. .. PROFESSOR M. A. RUSHTON

DENTAL DEPARTMENT

GROUND FLOOR

X-RAY DEPARTMENT

Interesting Radiographs .. .. .. DR. F. L. INGRAM
Sources of Confusion in X-ray Films .. .. MISS B. A. JENNINGS

DEPARTMENT OF PREVENTIVE DENTISTRY

Clinical Demonstration: Treatment with an Ultrasonic Unit .. .. MR. J. O. FORREST
Fluoridated Chewing Gum .. .. .. MR. R. D. EMSLIE and MR. R. DUCKWORTH
Control of Dental Diseases .. .. .. MR. C. W. V. BULLOCK, MR. T. B. DOWELL and MR. J. METCALF
Clinical Cases: Patients treated in the Department.
Bacteriological Exhibits .. .. DR. C. W. T. SHUTTLEWORTH

CASUALTY DEPARTMENT

Temporary Crowns .. .. MR. P. H. N. DAVIS
Examination of the Mouth .. .. .. MR. M. A. GILLON

FIRST FLOOR

DEPARTMENT OF DENTAL PROSTHETICS

Vital Statistics .. .. MR. R. D. GAIN
Soft Linings .. .. MR. C. J. LAMBERT
Silicone Impression Material for Partial Dentures .. .. MR. E. E. SILCOCK
Exhibit of Students' Work.
Exhibit of Technicians' Work.

SPECIAL ANATOMY DEPARTMENT

Dentine .. .. MR. A. J. BRIDGE and MR. J. W. OSBORN

DENTAL PHOTOGRAPHIC DEPARTMENT

Cinematography of the Mouth .. .. MR. A. D. ROBINSON and MR. B. A. JONES, Photographer

SECOND FLOOR

2.00 p.m. Clinical Cases will be shown by the Visiting Dental Staff.

1. MR. A. J. BRIDGE
2. MR. D. M. MACDONALD
3. MR. F. S. WARNER

CLINICAL ROOM I

Permadent .. .. MR. A. R. F. THOMPSON

PROFESSOR'S ROOM

Clinical Cases .. .. PROFESSOR W. E. HERBERT

CONSERVATION ROOM

Some Aspects of Fixed Bridge Design .. MR. W. A. VALE (in his Room)

Anterior Crowns..	*Technicians :*	Miss I. Wallace and Mr. P. G. Bentley (in Mr. Vale's Room and Cubicle No. 5)
Root Canal Therapy		Mr. A. H. R. Rowe and Mr. W. C. McLachlan
Veneer Preparations		Mr. D. London
Impression Materials for Inlays		Mr. P. Ayling and Mr. S. J. Lubbock
Silicate Cements		Mr. J. E. Cardwell and Mr. I. A. Stuart
Uses of Dental Elevators		Mr. J. N. James and Mr. G. F. Thompson
A Rubber Impression Technique		Mr. A. N. Greenwood and Mr. R. F. King
Studies on Sensation in Human Teeth ..		Dr. D. J. Anderson and Mr. M. N. Naylor
Dye Diffffusion in Human Dentine		Dr. D. J. Anderson and Mr. G. A. Ronning
Tooth Movement in Experimental Malocclusion		Dr. D. J. Anderson
Exhibit of Students' Pre-Clinical Work.		

CHILDREN'S DEPARTMENT

Some Treated Cases	Mr K. E. Pringle
Cine Films of Tongue and Lip Activities in relation to Malocclusion	Mr. W. J. Tulley
Some Cases under Treatment	Mr. H. Richards
Treatment of the Crowded Lower Dental Arch	Mr. G. A. Kerr and Mr. D. M. Carpenter
The Measurement of Tooth Movement during Orthodontic Treatment	Dr. D. J Anderson, Mr. G. A. Ronning and Mr. C. E. M. Lamb

Tea will be served on the First Floor of the Dental Department at 3.30 p.m.

Fifty Years Ago

"Ladies Night" Debate, January 28th, 1911.

"In self-control and self-reliance, woman is undoubtedly much behind man. What, then, has the medical profession to gain from the admission of women ? Nothing that cannot be obtained equally well from men. Women thus become a dead weight and an incubus in an already overcrowded profession, another deplorable example of the modern tendency of women to compete with men."

(Audience chiefly composed of students from the Royal Free Hospital.)

CORRESPONDENCE

Letters to the Editor of the Gazette

A Letter from Mr. Ross

SIR,—We have recently lost our Registrar, Bob Lindfield, at the age of 35 years, after a short and distressing illness. This is particularly tragic since he had just become eligible for the senior registrar appointment and we were looking forward to a long and happy association.

His death leaves his wife and four young children, including a six month old baby, in very reduced circumstances and an appeal is being made for cash donations to help them over their immediate needs until Mrs. Lindfield can train in a career.

All donations would be most gratefully received and cheques should be made payable to me c/o the Thoracic Surgical Unit.

Yours, etc.,

DONALD ROSS.

Guy's Hospital, S.E.1.

"Romanoff and Juliet"

SIR,—For its spring production, Guy's Hospital Theatre Club is presenting "Romanoff and Juliet", a comedy by Peter Ustinov. Your readers will recall the staging of this play in the West End a few years ago, with its pungent commentaries on East-West relations. Peter Ustinov, a shrewd observer of the humorous aspects of American and Russian behaviour, has rarely written with greater verve.

This play is under the production of Harry Griffiths, and there are several newcomers to the cast.

Tickets, which are free, will be obtainable from outside W. H. Smith's bookshop between 1.0 and 2.0 p.m. each weekday, from Monday, 13th February, 1961, or by written application to the House Manager, Guy's Hospital Theatre Club. A collection will be taken during the interval.

The performances will be in the Physiology Theatre, on Tuesday, 28th February, at 7.30 p.m., Wednesday, 1st March, at 6.30 p.m., Thursday, 2nd March and Friday, 3rd March, at 7.30 p.m., and Saturday, 4th March, at 6.30 p.m.

Yours etc.,

ERIC TILLER,

Hon. Secretary, Guy's Hospital Theatre Club.

Guy's Hospital, S.E.1.

Psychiatry in General Practice

SIR,—I was appalled to read in your report of this event, certain sweeping generalisations, regarding the place of psychiatry in general practice which, emanating from a so-called Brains Trust, may become invested with an aura of scientific authority. A knowledge of psychiatry, far from "muddling the clinical judgment," frequently clarifies it, and would lead the doctor less widely astray if he were to take the trouble to learn something of its basic principles. The art of clinical diagnosis consists in the elicitation of certain facts from the history and examination, which if correctly assessed will lead to a diagnosis which is correct. Such a process occurs in all diagnosis, whether it be medical, surgical, or psychiatric, and becomes increasingly skilful with training and experience. Regarding the rarity with which patients consult their general practitioners for psychiatric complaints, at least one factor in the incidence of such conditions is the ability to recognise them, not only when they occur overtly, but when the patient presents with somatic symptoms. In a series of 250 patients seen by me at medical out-patients as a junior medical registrar 23 per cent. were suffering

from ill health which was primarily psychiatric, not to mention those cases with organic disease where emotional causes were of relevance as aggravating or contributory factors. Where psychiatric ignorance prevails such euphemisms as gastritis, neuritis, and fibrositis are a great source of consolation (to the doctor), and an X-ray with some trivial abnormality is battened upon as if it was a written message from the Delphic oracle, and "appropriate" symptomatic treatment instituted. Such incorrect diagnosis and treatment may well lead to the doctor feeling "hard pressed" and rightly so if the patient is still suffering. It also leads to the "signpost" being pointed in the direction of the wrong specialist in 23 per cent. of the cases which I have already referred to, and to considerable waste of time and money in pursuing unnecessary investigations.

I do not wish to suggest that psychiatry has any special panacea to offer for all ills; it has not. Just as with other complaints some of them get better some of them get worse, and some of them stay the same, and treatment may be either curative, palliative or ineffective. Skill and accuracy in psychiatric diagnosis and treatment, can only enhance the manner in which any doctor in any branch of medicine does his work, and I am sure it is a source of much greater comfort to your readers, to realise that the training at Guy's at present, is far more likely to achieve this end, than that which was available for "one afternoon a week at a hospital for the mentally ill (for an unspecified period)" in the "good old days."

Yours, etc.,

P. M. J. O'BRIEN, M.R.C.P., D.P.H.

"Downsview,"
Champions Place,
Limpsfield Chart, Surrey.

"*R.S.*" *writes: "The forthright but accurate representation of the panel's verdict on Psychiatry in General Practice has produced similar reactions to Dr. O'Brien's welcome letter; Dr. Stafford-Clarke gave a clinical lecture which put psychiatry in general context to the satisfaction of all present.*"—ED.

1959 Club

SIR,—Those of us who took the London M.B. in 1959 formed a dining club which met very successfully last year. This year's dinner will be on Friday 17th March, at the Cheshire Cheese in Fleet Street. I shall be writing to all those who can be traced, but in two years after qualifying, everyone changes his address at least once, and I should be glad if you would allow me space to ask potential members of the Club to let me have their names and addresses (even if they cannot attend this year), at the address below.

Yours etc.,

J. A. WALL.
Secretary.

Queen Charlotte's Maternity Hospital,
Goldhawk Road, London, W.6.

STUDENTS' UNION ELECTIONS

I give due notice that the Student Union Election will be held on 16th February, 1961.

Nominations are invited for the posts of President, Secretary and Treasurer, as well as "Year" representatives. A notice has been placed in the vestibule of the Medical School, giving further details on which nominations are to be entered.

K. C. ROOKE,
Secretary, Guy's Hospital Students' Union.

SPORT

The Hospitals' Cup match between Guy's and St. Bartholomew's advertised for 2nd February was postponed until 9th February, due to the state of the ground. An account of the game will appear in the next issue.

SOCCER

Guy's v. St. George's Hospital

Result—Lost 2-5

The game played at Wimbledon was hard throughout. Guy's played with ten men against a strong St. George's team and were always pressed. The St. George's inside-forwards and halves seemed to dominate the mid-field and when Guy's did move the ball into their opponent's half it was left to three forwards lying well up to do much of the foraging for themselves. The Guy's halves were not able to give them a quick service of the ball.

Soon Guy's were two goals behind and by half-time St. George's had scored four. Palmer scored once for Guy's but was ruled offside.

Playing down the slope in the second-half Guy's were brisker in their tackles. A. Murphy scored followed by B. Mason with an 18 yard shot. A. Palmer who played hard at centre forward hit the bar. Then St. George's scored again and hopes of a Guy's revival were dashed. V. Holden and J. Cochrane played well in defence for Guy's.

Team : C. Rowland; P. Sheridan, V. Holden; C. Barrett, J. Cochrane, N. Trayfoot; B. Mason, R. Shepherd, A. Palmer, A. Murphy.

HOCKEY

Guy's v. Old Kingstonians II

At H.O.P. 28th January, 1961

Result—Lost 1-3

Guy's started off this game hoping to emulate their performance of the previous week with another good victory by beating the Old Kingstonians, who have an impressive record for this season.

In the first fifteen minutes culminating with a goal scored by the deflection of a short corner, Guy's appeared to be in a healthy position. The ball was being hit cleanly by the defence, the passes were going to their man, and the forwards passed well between themselves.

From then on to the final whistle, Guy's went gradually downhill. At half-time the score was 1-1. The Old Kingstonian inside left having scored by a good reverse stick shot at a narrow angle. The second-half was an example of bad hockey, as far as the Guy's XI were concerned. There was no connection between defence and attack, hits were flustered, and when they were cleanly hit there was no direction in them, and the passes were intercepted. The Old Kingstonians took advantage of their good position and scored a further two goals.

Once the eleven can rectify its faults, and play together more as a unit, then it will be a difficult team to beat.

Team : M. Crowe; G. Hodgson, R. Lallemand; R. Strickland, M. Conybeare, J. Sedgwick; R. Gumpert, M. Blake, M. Steyn, Z. Cader, P. Liddiard.

Results so far of Ist XI :

Played 13 : Won 6 : Lost 3 : Drawn 4 : Cancelled 5.

34 goals for—28 goals against.

KENT HUGHES CROSS COUNTRY

The Inter-Hospitals' Championships were held on Saturday, 4th February. Sixty runners lined up at the start and fifty-two finished the course. Guy's obtained the following positions :—

7, 10, 15, 23, 26, (27, 41).

Team positions were as follows :—

1st	St. Bartholomew's Hospital ..	52
2nd	London Hospital "A"	76
3rd	Guy's Hospital	81
4th	St. Thomas's Hospital	84
5th	St. Mary's Hospital	85
6th	Middlesex Hospital	141
7th	Charing Cross Hospital ..	179
8th	London Hospital "B"	228

1.	Littlewood	St. Bart's.
	Pott	St. Bart's.
3.	Speryn	St. Mary's
4.	Brotherhood	St. Thomas's
5.	Bryan	St. Mary's
6.	Kirby	London "A"
7.	Phipps	Guy's
8.	Foxton	St. Bart's.
9.	Bale	St. Mary's
10.	Hutchinson	Guy's
11.	Ramsden	London "A"
12.	Banks	London "A"
13.	Murray-Bruce	St. Thomas's
14.	Bailey	St. Thomas's
15.	Davis	Guy's
16.	Napier	Charing Cross
17.	Lewis	St. Bart's.
18.	Basil	Middlesex
19.	Moore	Middlesex
20.	Walters	Middlesex
21.	McSweeney	St. Thomas's
22.	Richards	London "A"
23.	Boothby	Guy's
24.	Brown	St. George's (Individual)
25.	McDonald	Bart's.
26.	Hanssen	London "A"
27.	Lakin	Guy's
28.	Cooper	Guy's
29.	Hardy	Bart's.
30.	West	London "A"
42.	Sainsbury	Guy's

SQUASH

Cumberland Cup Match

Guy's v. Eton Manor (H)

January 17th, 1961. Result—Won 3-2

A. Gazdar beat E. Barrett 3-1.
M. Blake beat A. Lock 3-1.
G. Davies lost to A. Barrett 2-3.
D. Richmond beat C. Jenkins 3-2.
D. Hall lost to A. Sims 1-3.

Match

Guy's v. Jesters (H)

19th January, 1961. Result—Won 3-2.

A. Gazdar lost to M. Brew 2-3.
D. Richmond lost to J. Garfield 0-3.
M. Blake beat J. Oke 3-1.
D. Hall beat A. Boston 3-1.
P. Sievers beat D. Weatherall 3-2.

Position of the IIIrd Division Cumberland Cup for the Pre-Christmas session.

Sundridge Park	32 points
Lensbury and Britannic ..	20 points
Guy's Hospital	19 points
Eton Manor	19 points
Middlesex Hospital ..	12 points
I.C.I...	3 points

Match

Guy's v. Imperial College of Science and Technology

24th January, 1961. Result—Won 3-2

1st Round Yglesius Cup

Guy's v. Institute of Education

25th January, 1961.
Result—Won 3-0

Match

Guy's v. Cambridge University Ganders

28th January, 1961.
Result—Lost 5-0

Cumberland Cup

Guy's v. Lensbury and Britannic Club

Tuesday, 31st January, 1961.
Result—Won 3-2

Team : A. Gazdar, G. Davies, M. Blake, D. Richmond, D. Hall.

Match

Guy's v. London School of Economics

3rd February, 1961.
Result Won 3-2

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar *(middle grade)* to the Thoracic Surgical Unit** with duties to commence as soon as possible and appointment until 30th September, 1961, in the first instance. Applicants should hold the Fellowship of one of the Royal Colleges. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **28th February, 1961.**

GUY'S HOSPITAL MEDICAL SCHOOL

London Bridge, S.E.1

Applications are invited for a post of **Lecturer or Senior Lecturer in the Bacteriology Department.** Candidates should have a medical or scientific degree and an interest in a fundamental approach to microbiological problems. Salary within the following ranges: Lecturer (non-medical) £1,250 to £1,850 plus £60 London Allowance or (medical) £1,350 to £2,200; Senior Lecturer (non-medical) £1,650 to £2,225 plus £80 London Allowance or (medical) £2,000 to £2,400, according to qualifications and experience, with superannuation and family allowance. Application should be made on a form obtainable from the Dean not later than **21st February, 1961.**

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination
January, 1961

Pathology

J. S. M. Beales
M. E. Blacklee
Penelope J. E. Cave
Ann G. Creighton
P. Curtis
R. J. Elliott
P. M. J. Ephson
W. R. Esson
G. H. Forman
I. Gibson
S. Haynes
E. M. Holt
H. Jay
N. E. Jensen
J. J. Kimerling
N. J. Knight
J. E. A. Knowles
M. C. W. Morgan
S. Nundy
W. M. P. Patterson
A. B. Richards
*T. N. Stanbridge
A. P. Staz
P. B. Wemyss-Gorman
*Ann J. Wiseman
L. J. F. Youlten
I. Ziment

Medicine

*M. D. Awty
A. G. Boohene
Penelope E. Cave
*E. G. W. Gumpert
M. M. Ilahi
Loretta S. W. Ko
R. C. Lallemand
*L. M. Li Saw Hee
*J. E. Oliver
D. T. M. Smith
*N. Stoddart
R. Tanner
R. C. Wales
Jillian M. Wandless

Surgery

*Betty J. Allen
*Kathleen M. Allsopp
*W. J. Appleyard
*M. D. Awty
*J. P. Barker
*A. C. Bird
*C. G. Bird
*Mavis A. Bonnard
*S. S. Brook
*G. E. Conn
*D. G. Daniel
*M. H. Devereux
*P. J. Doust
*C. V. Everard
*A. F. Gazdar
*J. F. Hallpike
*P. S. E. G. Harland
*J. A. Hanne
*N. P. A. L. Harper
*Penelope B. Hewitt
*Tessa Holman
*Anne B. Kenshole
*Heather S. Kerr
*Penelope J. Key
*L. M. Li Saw Hee
*Micheline M. Maher
*J. K. C. Maile
*A. Martin
*P. M. O'Driscoll
*J. E. Oliver
*J. A. Ogyaadu
*R. A. Peebles
*M. C. Pietroni
*Margaret N. R. Pitt
*W. E. M. Pryse-Phillips
*M. C. Rallings
*T. N. Stanbridge
*D. L. Stevens
*R. Stilwell
*N. Stoddart
*J. G. B. Thurston
*J. P. Vaughan
*G. P. Williams
*P. J. Winter
*R. J. Worden
*E. Young

Midwifery

M. F. Biggin
M. E. Blacklee
Ann G. Creighton
J. H. Grime
D. L. Hall
*P. S. E. G. Harland
S. Haynes
C. J. Hughes
N. E. Jensen
J. J. Kimerling
*L. M. Li Saw Hee
Doreen M. Miller
M. C. W. Morgan
Rosemary R. Norton
B. J. D. Peatfield
J. M. Robertson
A. P. Staz
M. D. Steyn
W. A. Wallbank
L. J. F. Youlten

SCHOOL OF PHYSIOTHERAPY

Chartered Society of Physiotherapy, November 1960

Preliminary Examination.

D. M. W. Bailey
E. M. Banister
I. P. Cooper
J. E. Cutler
M. A. C. Edwardes
M. H. Hardy
B. Lock
S. A. Porter
B. M. Winsor

Intermediate Examination.

M. Allen
A. Barham
H. Boff
J. H. M. Cox
C. Goring
J. M. Hamilton
R. A. Harding
G. Lawes
B. M. Lusty
C. T. More O'Farrall
J. N. Sanders
H. C. Setchell
P. M. Stock
P. A. Symonds
B. M. Szilasi
F. C. Taylor

Final Examination.

*C. J. Boxall
*A. M. Collar
A. M. Curtis
B. J. Grant
E. Hodgson
F. T. James
P. Knowles
C. A. Miller
P. A. Norman
J. N. Rail
E. C. M. Russell
C. V. Williams

Teachers Part I.

J. A. Jones

*Denotes credit.

NURSING NEWS

Entered :

Sister M. Rayner to *Theatres.*
Staff Nurse J. Cole to *Bright.*
Staff Nurse E. Shotton to *New Cross.*
Staff Nurse J. Palmer to *Recovery Ward.*
Staff Nurse Fitzgerald to *Evelina.*
Staff Nurse Hayter to *Evelina.*

Left :

Staff Midwife Twyman from *Victoria.*
Staff Nurse E. Alexander from *New Cross Theatres.*
Staff Nurse A. Myers from *Out-Patient Dept.*
Staff Nurse M. Notley from *Out-Patient Dept.*
Staff Nurse Singleton from *Evelina.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Benson, P. F. and another. A Reliable Qualitative Urine Coproporphyrin Test for Lead Intoxication in Young Children. *J. Pediat.*, 1960, **56**, 759.

Benson, P. F. and others. The Prognosis of Subdural Effusions complicating Pyogenic Meningitis. *J. Pediat.*, 1960, **57**, 67.

Benson, P.F. and others. Ulcerative Colitis in Childhood. *Quart. J. Med.*, 1960, **29**, 257.

Benson, P. F. and Joseph, M. C. Cardiomegaly in a Newborn due to Placental Chorioangioma. *Brit. med. J.*, 1961, i, 102.

Buckle, A. E. R. Further Experience with Methotrexate in Chorioncarcinoma. *Brit. med. J.*, 1961, i, 173.

Burn, J. H. The Effect of Temperature on the Response to Drugs. *Brit. med. Bull.*, 1961, **17**, 66.

Burn, J. H. and another. New Observations on the Sympathetic Postganglionic Mechanism. *Amer. J. Med.*, 1960, **29**, 1002.

Clarkson, Patrick. Sponge Implants for Flat Breasts. *Proc. R. Soc. Med.*, 1960, **53**, 880.

Clarkson, P. W. and Stafford-Clarke, D. The Relationship of Appearance to Mental Health. Transactions of the International Society of Plastic Surgeons, 1959. 2nd Congress, Section 14, pp. 492.

Crawford, J. P. Dynamic Physiological Psychology. *Med. Pr.*, 1960, **244**, 525.

Hunt, J. N. The Site of Receptors Showing Gastric Emptying in Response to Starch in Test Meals. *J. Physiol.*, 1960, **154**, 270.

Hunt, J. N. and another. The Osmotic Effects of Some Simple Molecules and Ions on Gastric Emptying. *J. Physiol.*, 1960, **154**, 254.

Leatherman, Gerald H. Dentistry in Great Britain 1859-1959: Some Facts on its Past and Present and Thoughts on the Future. *J. Amer. dent. Ass.*, 1960, **61**, 652.

McDonald, Robert. Intramuscular Iron in Non-European Premature Infants. *Sth. Afr. med. J.*, 1960, **34**, 1023.

Maizels, M. The Role of Biochemistry in Medicine. Lectures on the Scientific Basis of Medicine. Volume 8, 1958-59, pp. 287-305.

Southwood, W. F. W., Parks, A. G. and another. Argentaffinoma of Ileum with Carcinoid Syndrome. *Proc. R. Soc. Med.*, 1960, **53**, 873.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

LOCUM desired for St. Albans dental practice between 25/5/61 and 14/6/61. Please contact Mr. Jennings, 23, Upper Lattimore Road, St. Albans, Herts.

DORSET PRACTICE Nr. BOURNEMOUTH Energetic young Dental Surgeon as an assistant. Good remuneration. Happy working conditions. Box No. 257.

WANTED IN HARLEY STREET by Guy's Dental Surgeon, nice room and office. No N.H. Box No. 258.

FOR SALE

THREE PIECE SUITE, green rexine with brown velvet cushions. Solid construction, superficial wear, suitable for professional waiting room. 18 guineas or near offer. Can view Finsbury Park district. Box No. 256.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

N. K. Macrae-Gibson, M.B., B.S., 54, Fitz-James Avenue, London, W.14. (Tel. Fulham 5604). *Consulting Rooms :* 146, Harley Street, London, W.1. (Tel. Welbeck 2378.)

Leonard Haas, M.D., Tamarisk, Old Woods Hill, Torquay, Devon. (Tel. Torquay 63420.)

A. G. Parks, M.Ch., F.R.C.S., 1, Queen Anne Street, London, W.1. (Tel. Langham 2203.) Residence : 38, Alwynne Road, Canonbury, London, N.1. (Tel. Canonbury 8045.)

BIRTHS

DAVIS.—On 6th January, 1961, at Stamford Hospital, to Audrey (née Willcox), S.R.N., and L. M. Davis, M.B., B.S., a daughter (Shelley Alison Frances), sister for Simon Christopher.

HALAMANDRES.—On 29th January, 1961, at Guy's Hospital, to Chloe (née Perkins), S.R.N., and Otto Halamandres, L.D.S., a daughter (Melanie Sue).

PETTY.—On 26th January, 1961, at Jersey Maternity Hospital, C.I., to Margaret (née Falla), and J. C. Petty, L.D.S., a daughter (Jane Catherine).

DEATHS

IREDELL.—On 30th January, 1961, Chas. Edward Iredell, M.D., M.R.C.P., of 2, Fairways, Dyke Road, Brighton, Sussex. Late Consulting Physician Guy's Hospital.

ZORAB.—On 14th January, 1961, Mrs. O. Zorab, of Sparsholt, Winchester.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1894 *25th February* 1961 *One Shilling*

PASSIM

With customary thoroughness Doctor Douthwaite succeeded, to everyones chagrin and his own delight, in his declared aim of "slipping off quietly without a fuss". His retirement after 33 years as a Physician here marks the end of more than one era. There are unlikely to be any more consultants at Guy's who have spent many years in General Practice, for early specialisation precludes it. Meanwhile the generations who have benefitted from his teaching and his kindness will want to join us in saying thank you, and in wishing Dr. and Mrs. Douthwaite many happy years of retirement.

The sight and sound of cement being pumped across Maze Pond is comforting for the present inhabitants of the College. The foundations of the bombed wing of Guy's House (now in part occupied by *Sarah Swift* ward) are being strengthened in anticipation of the time when permission is obtained to rebuild the destroyed wing as new accommodation for staff.

Belatedly we congratulate the Very Reverend George Reindorp, the Provost of Southwark, on his appointment as Bishop of Guildford. He goes to a busy diocese with a brand new Cathedral and we wish him the best of luck.

The opening of New Guy's House on 6th March will create a need for some additional staff. Matron is to increase her trained staff establishment, and she says that she hopes to hear from Guy's trainees who are interested in gaining experience as Sisters or Staff Nurses in the surgical or medical wards of the Hospital. There will be also two vacancies for Staff Nurses in the Out-Patient department on 1st April.

IN BRIEF :

Mr. Lees Read left £5,000 to the Board of Governors to be used for Guy's, and £2,000 to the Institute of Hospital Administration to provide a scholarship in Hospital administration.

D. J. Tibbs, reader in surgery at the University of Durham, has been appointed consultant surgeon to the United Oxford Hospitals.

Mr. G. T. Hankey, consultant dental surgeon to St. Bartholomew's and The London hospitals has been awarded the John Tomes prize of the Royal College of Surgeons for Clinical research in the period 1957-59.

Guy's defeated St. Bartholomew's by 8 points to nil in the replay of the Inter-Hospitals' Rugby Cup. A report of the semi-final against Charing Cross last Wednesday will appear in the next issue.

A recent edict from the press office of the *Nursing Mirror* informed us of the first annual Nurses' Ball in the Albert Hall, on Tuesday, 21st March. Tickets at one guinea each may be obtained from the Organizer, Dorset House, Stamford Street, S.E.1.

The acquisition of a stereophonic gramophone by the Music Club means better noise in more dimensions per watt, so the Secretary believes. Shortly the lunch-time recitals will be revised in the Quiet Games Room. Suggestions for the title of the series range from "Stereophony" to "Sandwiches with Shostakovitch".

GUY'S DIARY

FEBRUARY			Exhibition. *Surgery of the Neck.*
27th	M	1.00	Dr. Hutton. Clinical Lecture. *Anaesthesia in the Dental Chair.*
28th	T	1.00	Mr. Reading. Clinical Lecture. *Beethoven's Deafness.*
MARCH			
4th	S	2.45	Rugby. Guy's v. London Welsh at H.O.P.
6th	M	1.00	Dr. McConnell. Clinical Lecture.
7th	T	1.00	Mr. Eckhoff. Clinical Lecture. *Tumours of the Skin.*
9th	Th	1.00	Dr. Hardwick. Clinical Lecture. *Some Diagnostic Problems in Diseases of the Chest.*
10th	F	1.00	Professor Knox. Clinical Lecture. *New Penicillins.*
11th	S	10.00	Departmental Round in the Surgical Department conducted by Mr. D. N. Ross.
		3.00	Rugby. Guy's v. Nuneaton at H.O.P.
14th	T	1.00	Dr. Kendall. Clinical Lecture. *The Diagnosis and Treatment of Osteo-Arthritis.*

NOTICES

Guy's Science Club

The next meeting of the Guy's Science Club will be held in the Staff Common Room on Wednesday, 8th March, 1961, at 4.45 p.m., when an address on :

"AUTO-ANTIBODIES"

will be given by Dr. M. H. Lessof.

The chair will be taken by Professor G. Payling Wright.

Tea will be served in the Staff Common Room at 4.30 p.m.

J. GRIFFITH,
Honorary Secretary.

The Students Union Election

The Students' Union election took place in the entrance to the Medical School, on Thursday, 16th February, the results of which are shown below :

Chairman	G. Klauber.
Hon. Secretary ..	E. J. N. Chater.
Hon. Treasurer ..	J. Page.
1st Year Medical .. (*2 Reps.*)	S. Bramwell and D. Rhodes.
1st Year Dental .. (*2 Reps.*)	T. Harrison and P. Mitchell.
2nd Year Medical (*2 Reps.*)	P. J. Rowe and T. N. D. Peet.
2nd Year Dental (*2 Reps.*)	A. Fisher and E. Tiller.
3rd Year Medical (*2 Reps.*)	B. Taylor.
3rd Year Dental .. (*2 Reps.*)	N. A. L. Baker and D. A. Biggs.
Medical Ward Clerks and Dressers : (*6 Reps.*)	J. Steadman, P. A. Ustianowski and N. S. Faithful.
Clinical Dental .. (*2 Reps.*)	G. T. Cheyney and E. A. Manley.

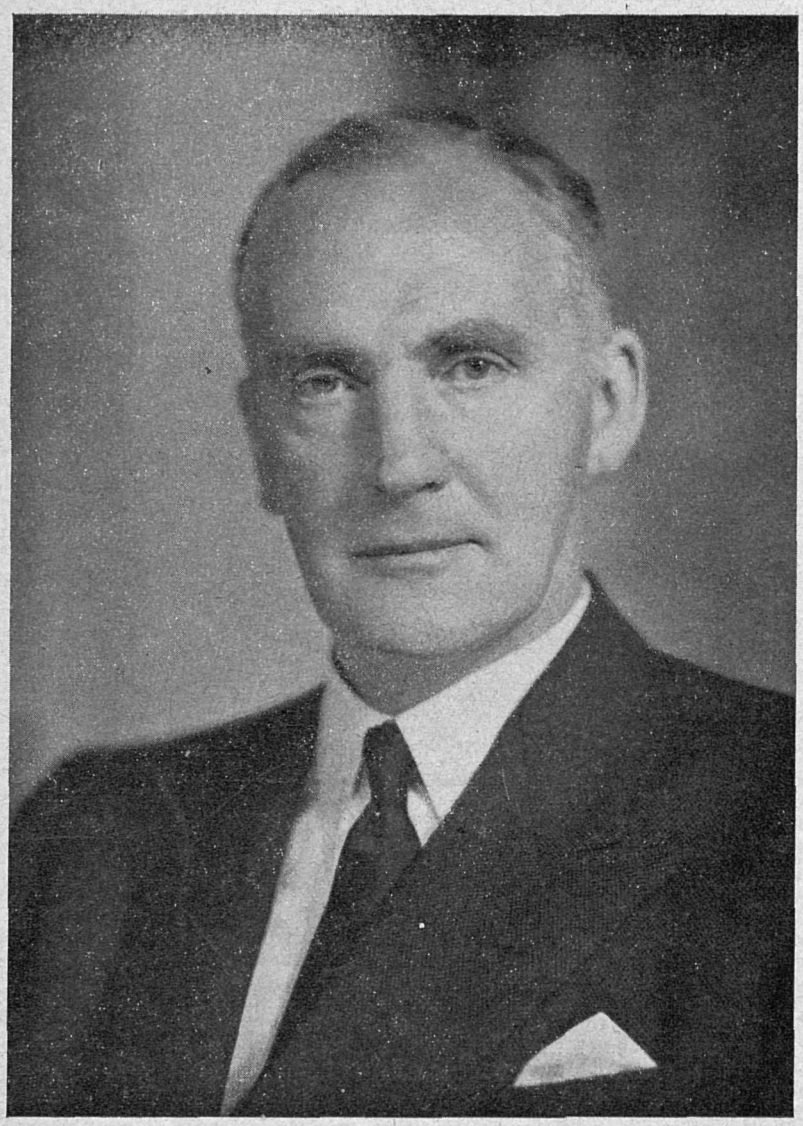
E. J. M. CHATER,
Hon. Sec. G. H. Students' Union.

OBITUARY

ALEXANDER CREIGHTON KERR, Ph.D., B.Sc., L.D.S.

The news of the death of Alasdair Kerr at the age of 36 years in Boston Massachusetts, will come as a great shock to all his friends. He came to Guy's from Glasgow in 1953 as Dental Research Fellow in the Department of Dental Medicine, and stayed until 1958 when he took the appointment of Associate in Physiology at the Forsyth Dental Infirmary, Harvard School of Dental Medicine. His Ph.D. thesis on the work he did at Guy's on Salivary Secretion had the distinction of being chosen by the Pergamon Press for publication in full as the first of their dental research monographs. Before coming to Guy's he had obtained his L.D.S. Diploma in Glasgow in 1946, from whence he went to Newcastle as Dental House Surgeon to the Dental Hospital and later as Resident Dental Officer at the Royal Victoria Infirmary. Service in the Royal Army Dental Corps followed, much of which was spent as Dental Officer at Sandhurst. Returning to the University of Glasgow he took a B.Sc. with Honours in Physiology. His many interests included the violin—he was a member of the Hospital's Symphony Orchestra—and rock-climbing, with membership of the Alpine Club. During the long months of his tragic illness his sense of humour and spirit did not desert him. Our deepest sympathies are extended to his wife, Jean.

R.D.E.



A. H. Douthwaite, M.D., F.R.C.P.

AN APPRECIATION

More than one generation of Guy's men will hear with surprise and regret that Arthur Douthwaite has retired from the active staff the Hospital. Apart from his greying hair he looks as young, alert and erect as when he was appointed Assistant Physician in 1927, and it is difficult to realise that so many years have passed since he entered Guy's as a clinical student in 1919 after spending all the war years as a civilian prisoner of war in Ruhleben.

Douthwaite was recognized as a man of outstanding ability from his earliest days. Carrying off most of the available prizes, including the Murchison Prize of the Royal College of Physicians, he qualified in October, 1921, and twelve months later while still a house physician he obtained the M.R.C.P. and was appointed Medical Registrar.

In the post-war years the salary of a Registrar was £250 a year. Some of the older members of the staff regarded this as a princely sum for they themselves had only received £80. Nevertheless, it was not enough to support a married man and Arthur Douthwaite had to supplement his income by doing the night work in a Panel Practice in Southwark Bridge Road. After a year or two, overwork and contact with tuberculous patients led to an attack of pleurisy. Dr. A. P. Beddard who was at that time the best known chest physician at Guy's advised Douthwaite to resign his registrarship and instead to go into practice on the South Coast.

Three years of first hand experience in a high class general practice in Worthing was of inestimable value to him when he was appointed Assistant Physician to Guy's in 1927. He really understood the type of help that general practitioners need when they call in a consultant and within a very short time his consulting practice became very large and has always remained so.

Douthwaite quickly gained a great reputation as a teacher of clinical medicine. He was and still is a general physician in the best sense of the term, with wide interests in disease and its treatment. He has an almost uncanny ability to pick out the important features in abstruse case histories and to avoid being led astray by red herrings.

Within a few years of appointment to the Staff he had published small monographs on Asthma, Rheumatoid Arthritis, Chronic Arthritis, and a Guide to General Practice. The last of these was based on lectures which he gave at Guy's on the various aspects of general practice.

Arthur Douthwaite is not only a skilled diagnostician. He has always been quick to try out new procedures. Even while he was still in general practice he was the first to introduce the injection treatment of varicose veins in the United Kingdom and his small monograph on this subject had five editions and two reprints in three years. He was among the first to make use of gastroscopy and to carry out liver biopsies.

In 1931 Douthwaite took over the editorship of Hale-White's Materia Medica Pharmacology and Therapeutics. This standard

work first written some seventy years ago by Sir William Hale-White has retained its almost unprecedented popularity for eleven editions during the last thirty years under the watchful eye of Douthwaite. He also, since about 1945, has been editor of another famous Guy's book, the Index of Differential Diagnosis of Main Symptoms, first published in 1912 under the editorship of Dr. Herbert French. In spite of its great size and high price, or perhaps partly because of these features, the book has a very large sale in the United States, quite apart from a considerable circulation in this country.

In spite of Arthur Douthwaite's very wide commitments as an editor and author, to say nothing of a very demanding consultant practice, he has played an important part in the running of Guy's, both Hospital and Medical School. In the former he has been Chairman of the Medical Committee for seven years, the meetings being held until recently in his house in Harley Street. He has also been a Governor for many years. In the sphere of the Medical School he has been Chairman of the School Council for the last seven years. During the last war he was in charge of a medical firm at Guy's. In spite of blitzes he did his regular ward rounds and out-patient sessions which were greatly appreciated by the relatively few students working in the Hospital.

All his colleagues, past and present, regret that Arthur Douthwaite is giving up his position as Senior Physician. It is only too clear that retirement on reaching a fixed age, even 65 as it has been since the National Service started, may deprive students and patients alike of some, like Douthwaite, who could have continued as stimulating teachers for several more years. Needless to say we all hope that he will be often seen at the Hospital, whether lunching in the Staff Common Room or visiting his patients in Nuffield House. We also hope that he may be persuaded to talk at Combined Rounds and at Meetings of the Physical Society. We trust that his retirement from Guy's will give him a little more leisure than he has had for many years without depriving his many patients of the opportunity of consulting him.

J.J.C.

Twenty Years Ago

Sector News, 1941.

"It is learned from a reliable source that the Matron's chickens have laid eggs at last. Moreover, gossip says that the Superintendent's present holiday was taken to recuperate from the administration of a long course of endocrine therapy necessary to make the birds lay. Whether the ductless glands should be responsible for the word "foreign" stamped upon each egg is not yet known."

Medicos Look At . . .

"Kitchen-sink" drama is a term often used to describe many of our modern plays but it appears that they are of two types. One is essentially about the kitchen and the working class as opposed to the drawing-room which constituted the set of so many of our pre-war plays. Arnold Wesker's trilogy are three plays of this type. On the other hand the term also applies to the characters, philosophical approach and setting of a number of the works of playwrights such as Ionesco and Beckett. Parents kept in dustbins, one character led about by another by means of a halter, the whole atmosphere of these plays leads one to think of people as degenerate and disgusting. The justification for their attitude may well be the result of observing what goes on in this world and it may not be altogether wrong to accept this point of view on the basis of original sin or evolution or psycho-analysis. Harold Pinter's plays may be said to come into this category, although his more recent writings appear to be less of this type than his earlier works.

The Caretaker at the Criterion has been running for some months and although one is not too clear about everything in the play, it is at least substantially comprehensible, unlike this author's plays which were discussed in an earlier article. The scene is a bed-sitting room with a pile of junk on one side, a disconnected gas-stove, a leaking roof with a pail to catch the rain and a general sleazy atmosphere which immediately sets the tone of the whole play. There are only three characters, two brothers one of whom is easy-going and apathetic, friendly and simple, possibly due to a leucotomy, and the other forceful, ambitious and domineering, and a tramp who has been taken home by the easy-going brother and sheltered for the night. He wants the job of caretaker of the house part of which is the room in which the play takes place. In the end he is thrown out.

The play does not rest on its story, which is almost pointless, but on the interplay of the three people in it and the dialogue. Pinter has a superb ear for the phrases and sentences of comparatively illiterate people. He can take a few words such as the tramp's oft repeated "if only he could get to Sidcup to get his papers", and give them an enormous significance. The tramp is the victim of circumstances and he is convinced that lack of money to get to Sidcup and his inability to get his papers are the causes of his being in the miserable position in which he finds himself. His alternate whining and aggressiveness, his irrational complaints and his blaming everybody and everything for his plight are all of a piece and the acting of Donald Pleasance in this part especially in his sudden changes of mood is excellent.

The contrast between the two brothers may be Pinter's way of showing the two sides to everybody's character or perhaps the manic-depressive element in most people's make-up. One is constantly kept wondering what will happen to the tramp. Will the friendly, helpful brother get his way or will the more demanding and dominating brother prevail ? Is this the way in which one is treated by the world ? It is obviously difficult to interpret the play but one's interest is held by the changing relationships between the three men and by

their conversation. Two examples of the author's sense of atmosphere are the opening scene in which the curtain rises, a man is sitting on a bed, nothing happens for several moments and the man gets up and walks out, and the description by the quiet brother of the treatment (either convulsion therapy or leucotomy) he received for his mental illness. Pinter in *The Caretaker* has written his best work so far, and it is likely that if he weds his sense of drama and gift for dialogue with a worthwhile theme, he will produce a superlative play.

A new play about the working class in Liverpool by Alun Owen at the Theatre Royal, Stratford, E, is a good example of the other type of "kitchen-sink" drama. Both the author and the company (Theatre Workshop) which is putting on this play are important in the British theatre of today. Alun Owen has contributed considerable successes to television such as *No Train to Lime Street* and *Lena! O My Lena* and this is his second stage production. He is working-class and has a deep understanding of the rhythm and accents of the people of Wales and the north of England and the different types who inhabit a city like Liverpool. Perhaps the theme—the enmity between the Catholics and Protestants in that city—is a little outworn but it enables the author to bring on to the stage his various characters and present them in accurate detail and with regard for the way in which they speak and behave—the Catholic family whose daughter is in love with the son of the Protestant family, the group of friends who are not interested in religion (a Catholic, a Protestant and a Welsh agnostic) a somewhat ambiguous intellectual tennis player and a precocious young teenager.

The best performance is by Mag (Miss Billie Whitelaw) as the Irish Catholic girl who is in love with a Protestant boy and has to defy her parents in order to be with him. She shows in everything she does both in relation to her parents and to her boy friend a deep strength of character without any artificiality. As far as she is concerned, she has no time for the prejudices of her parents and the irrational behaviour of the man with whom she is in love. The Welshman, neutral in the religious quarrel, is played by Tom Bell and he jokes, comments, fools around and criticises with a genuine feeling for his friends instead of the superior, sophisticated air which he might have adopted as a result of his work as a scriptwriter in the great metropolis. Some of the other parts such as the Protestant father, the Catholic mother, the lascivious Jameson (the irreligious Catholic) and the parodies of policeman are overplayed and lack conviction. This is probably the fault of the director, Harry H. Corbett, who must also be held responsible for the failure to change convincingly the scene from the street to the park.

This play has good dialogue and characteristation but somehow or other the sum of its parts fails to add up to the first-rate play that one had hoped for. It is interesting to compare this play with *The Caretaker* because it then becomes obvious that Alun Owen likes people and Pinter emphasises the darker side of human nature. The best comment on this came from Alun Owen himself in an interview in *The Times* in July of last year in which Owen remarked that Harold Pinter had said to him "Isn't it strange how you always write about nice people ?"

CORRESPONDENCE

Letters to the Editor of the Gazette

Psychiatry in General Practice

SIR,—*There seems to be a considerable confusion about the opinion of The* Panel at the Brains Trust on General Practice concerning Psychiatry. A question was asked from the House querying the value of a postgraduate House Appointment in Psychiatry as part of the preparation for General Practice. The conclusion reached was that such an appointment was not necessary. The merits of teaching the principles of psychiatry to Students were never questioned.

Yours etc.,

W. J. APPLEYARD,
Chairman.

Guy's Hospital, S.E.1.

SIR,—In your report 'A Brains Trust on General Practice', I was amazed to read "Psychiatry is out, apparently, it muddles the clinical judgment, leads the hard pressed doctor astray, and is rarely the reason for the patients' consultation."

After 30 years of general practice, I would say that a due regard for the emotional aspects of illness clarifies the clinical judgment, helps the hard pressed doctor to a diagnosis, and often points to the real reason for the consultation. Such opinions in a hospital that has enjoyed teachers such as R. D. Gillespie and David Stafford-Clark should not go unchallenged. I am glad to say that my attention was drawn to them by a Guy's man who had spent a week in my own practice, and has seen for himself what a large proportion of all illness is emotionally determined.

Yours etc.,

SIDNEY ABRAHAMS.

33, Chadwick Road,
Leytonstone, E.11.

We have received several letters on this subject. As Mr Appleyard says, the original question concerned the merits of a Psychiatric house appointment for a prospective G.P. To say that the panel thought it "not necessary" is an understatement; they condemned it in the soundest terms. It was perhaps their vehemence rather than their view which aroused the audience.—ED.

The Residents' Ball

SIR,—All Guy's men, both past and present are asked to make a note of the venue for this years Residents' Ball. This preliminary notice is being given in order that parties for the Ball may be arranged well in advance.

The Ball will be held at the Grosvenor House Hotel, on Friday, 26th May. The Reception will be at 8.0 p.m. for Dinner at 8.45 p.m. Mrs. Helliwell has kindly consented to act as Hostess.

Dancing will continue till 2.0 a.m. to the music of Laurie Payne and his Orchestra.

Double tickets at £4 10*s.* 0*d.* will be available from the Ball Secretary, The College, Guy's Hospital, after 1st April.

Yours etc.,

C. J. ROWLAND,
Ball Secretary.

Guy's Hospital, S.E.1.

Pathology of Tumours. By R. A. WILLIS. 3rd Edition. Published by Butterworths & Co. Ltd. 1960. Pp. 1002 plus Index; 493 figures. *Price* £5 5*s.* 0*d.*

The news that "Willis" has appeared in a 3rd Edition does not need the reviewers' praise to ensure its automatic acquisition by all medical libraries, all Departments of Pathology, and by the great majority of practising pathologists. Not only has it become a classic in the short time of 12 years since its inception, but, as an account of the Pathology of Tumours, it has had no rival in the English language in the post-war years. The author generously refers in his preface to four other recently published general works on tumours and commends them to his readers, but none of them cover the same ground with such uniformity of treatment and with such distinction. There must be few similar books on any subject of this size which have been entirely written by a single author as the result of his own personal experience and his own personal perusal of the literature. To those who have already come to rely on "Willis", let it be said at once that his intensely personal style, with its flashes of humour and dogmatism, together with his solid common sense, have been preserved in the new edition. It is quite remarkable how a subject as important, as complex, and as learned as this has been written about with such an admixture of entertainment without ever detracting from the validity of the argument. The dry wit invariably reinforces the theme (and leavens the lump).

There has been detailed revision of the text throughout, and certain chapters, such as the one on bronchial carcinoma, have been extensively altered. Eight hundred new references have been added since the 2nd Edition to a work which has never claimed to mention any but the more representative of those the author has himself examined. In spite of all this, the number of pages is only five more than the 997 of the 2nd Edition.

That junior pathologists should traditionally delight in "picking holes in 'Willis' " is a measure of their admiration for his book, and it must be clearly understood that the following remarks are written in this spirit.

Let us consider his discussion of the ætiology of bronchial carcinoma. In the 2nd Edition it was stated that there were "strong grounds" to believe that tobacco smoking was casually related. In the present edition, Willis can be seen to be abreast of progress when he deletes "strong grounds" and writes, "The statistical evidence alone now makes it *certain* that cigarette smoking is an important cause of lung cancer. Anatomical evidence confirms this". (my italics). This uncompromising statement is backed by the addition of six important new references. It therefore seems rather strange that he does not accept the evidence for the increased incidence of this carcinoma. His reasons for remaining non-committal on this point are virtually unaltered since the last edition. He remains to be convinced that the increase in recorded deaths could not be accounted for by an increased awareness of the condition and by greatly improved methods of diagnosis. The changes in sex distribution at different ages are, however, difficult to explain on this basis. Taking the periods 1911–15 and 1951–55, the male:female ratio in the youngest age group (20–24) has scarcely changed (3:1 and 2·3:1 respectively). In the more usual age group, however (55–64), the recorded incidence shows a male:female ratio of 1·9:1 in 1911–15, but 9·4:1 in 1951–55. Any explanation of the very great increase in total recorded deaths must also explain these other changes, and improved diagnosis does not appear to do so. Moreover, a tremendous increase in cigarette smoking is undeniable, and Willis' acceptance of the role of smoking is in this way difficult to square with his doubts about increased incidence of the tumour.

Some of the evidence of the frequency of misdiagnosis of lung cancer is taken from Willis' own series of 84 necropsies personally conducted between 1931 and 1944 in which 42 per cent. were misdiagnosed clinically. There are difficulties, however, as well as advantages in drawing on a personal series. In an instance such as this, the total sample is inevitably small, and is collected over a long period during which there may have been great changes.

The section on breast carcinoma is excellent, but it is a pity that no specific mention is made of the great current interest in the influence on this tumour of the adrenals or pituitary, and the problems posed by the varying effects of their ablation. This topic is difficult, and available evidence inconclusive, but Willis has triumphed over similar obstacles elsewhere in the book and should not have been deterred.

There is a salutory demolition of the edifice often constructed around the subject of cachexia in maligant disease; and the concept of a Cancer Diathesis is very properly trounced.

This book is very well produced, with a wealth of very good black-and-white photomicrographs. A few of the blocks show some signs of being worn, and some of them depict a saucer-shaped field with blurring at the periphery. The organisation of the Table of Contents has always been a minor source of irritation because the organ or system one is searching for is so difficult to find. The Index is excellent.

"Willis" is indispensible to pathologists. It is an excellent source of information for the best type of student who still likes to do his own reading and find out for himself: and it should certainly be bought and read by all clinicians, many of whom would be unexpectedly fascinated, and would learn a great deal to the inestimable benefit of their patients.

J.D.

Textbook of Gynaecology. By J. H. PEEL. Wm. Heinemann Ltd. 5th edition. *Price* £1 10*s.* 0*d.*

This is a composite textbook on Gynæcology of moderate length and nearly all by the same pen. It is aimed at satisfying the needs of the senior medical student. The book is laid out in sections including one on symptomtology and another on treatment in general including simple but adequate details of operative gynæcology both of which are valuable for summarising material found more diffusely in the text.

For the student about to qualify the author offers a neat and concise book of even quality which is quite easily read. The book is well produced and of reasonable price. That it has been popular in the past is evident from the fact that it is now in its fifth edition since first being produced in 1943. It is to be recommended.

G.L.S.R.

Clinical Medicine—The Modern Approach. By A. E. CLARK-KENNEDY and C. W. BARTLEY. Pitman Medical Publishing Co., Ltd. *Price* 25*s.*

The title of this book may be misleading in that it suggests that something obsolete is being at last replaced, but what in fact the authors set out to do was to provide "a relatively short book directed towards the needs of the beginner"; one which explained (as far as it can be explained) rather than catalogued human disease; one which could be read without too much mental indigestion and that would serve as a guide to the textbook on the shelf. For that, although it cannot inculcate the sense of perpective which the doctor must cultivate (and which it is hoped that this book will help the reader to cultivate), must always remain the fountainhead of all knowledge and ever "the ready source of help in trouble."

In these aims the authors largely succeed, for this is not a reference book but a simple, lucid, connected and usually accurate exposition of current medical thought presented in a form suitable for consumption by those not yet a year advanced in their clinical studies. It is divided into five parts : i) The patient and his disease (devoted to an elaboration of the theme that a disease does not exist independently of a person), ii) Primary functional disorders, iii) Organic disease, iv) Clinical diagnosis and v) Principles of prevention and treatment. The last is in some ways the most valuable, containing as it does discussion of such topics as "The Inevitable Ageing Process" and "The Dying Man".

The reviewer of a book designed explicitly for the "beginner" has a responsibility to indicate clearly whether, amidst the mass of almost obligatory reading facing the medical student, further time should be reserved for the object of his review. This much may be said: those who, during their first two or three appointments, find themselves already hard pressed, are likely to derive little benefit from this book, and should confine their attentions to one of the established texts. Those, on the other hand, who find that they are assimilating what is required of them without undue effort will spend profitably the very few evenings needed to read it.

J.P.

SPORT

At Richmond **Hospital Cup—2nd Round** 7th February, 1960

Guy's v. St. Bartholomew's

Result—Drawn 5-5

Lots of enthusiastic supporters journeyed to Richmond in the hope of seeing Guy's dispose of Bart's ; instead, they saw a vigorous game with Bart's in the lead for most of the time and only in the last ten minutes, with the scores equal, did Guy's get into their stride.

Right from Guy's kick-off it was apparent that this was going to be a hard game, for the ground gained by the kick was slowly lost to the determined opposition who were eventually halted by a kick to touch on Guy's 25. The next few minutes looked dangerous with play well in Guy's half and an attempt at a dropped goal only just missed. The 25 drop out started a Guy's attack and led to a forceful run by Egwuatu whose well-intentioned cross-kick unfortunately misfired in one of the occasional gusts of wind, but by now Guy's were approaching the opposite 25 thanks to the fine efforts of the pack. This was to be the only time in the first half that Guy's looked like scoring. The inevitable penalty to Bart's soon rushed Guy's back into defence again and although a break by Bryant and later a forward rush took play to the half-way line, on each occasion Bart's made good use of their following wind to return to the attack.

Half-an-hour after the start a penalty to Bart's led to an attempt at goal which, although short and inaccurate, was only cleared to touch within our 25. Five minutes later a second penalty attempt failed again. In the next few minutes a dropped pass gave a Bart's centre his chance to cross the line and score. A successful conversion made it 0-5. Guy's kick-out was mirrored by Bart's and was fumbled into touch as half-time was blown.

The first half had seen Guy's mainly on the defensive with the pack doing well in the tight and loose, but the backs were not yet in their stride. Pagliero at full-back had been positioning himself well for most of the time, and his kicking had saved the day on many occasions.

The opening of the second half saw Egwuatu make two good runs followed by a collossal kick up field which sent the ball bounding over Bart's dead ball line. In the next ten minutes play see-sawed between the half-way line and Bart's 25, but whereas Bart's defensive kicking seemed powerful and accurate, Guy's did not make any use of the following wind—indeed they seemed oblivious of it.

A chance came from a cross-kick by Murray, but a defender just touched down first for a 25 ; another chance came shortly afterwards with one of the rare penalties to Guy's, far out on the 25, but the difficult kick failed.

Guy's so far had played hard and well—although conceding many penalties—but now, with some ten minutes left, they were transformed : the forwards swamped the opposition and although stand-off half Healey was not in his usual form, the backs made the most of every chance. In the pack Blackwell and Treadwell seemed to be everywhere, and play hovered near Bart's line. From one 5 yard scrum near the far corner flag Cooke tore round the scrum and crossed the line only to be held up and pulled back almost horizontally. From the next 5 yard scrum the ball reached Biggs who went over the line near the corner and, not content with this, sprinted across to score between the posts. What must have been a grateful Pagliero then coolly converted to make it 5-5 at 4.00 p.m.

In the remaining minutes Guy's came near to scoring time and time again and the ball was frequently over the dead-ball line. Lloyd-Edwards and Hockey were often in evidence, although every forward was in the limelight for some of the time. The whistle eventually went with Guy's still only a yard or so from Bart's line.

Summing up, this was a good game for Guy's, and their fitness showed in the incredible vigour with which they played in the last ten minutes. The lesson of using the wind is sure to have been learnt, and we anticipate the replay with confidence.

Team : M. Pagliero; E. Egwuatu, C. Wright, J. D. Bryant, D. A. Biggs; N. Healey, M. Murray; A. C. Knight, W. T. Treadwell, J. Hockey, B. Blackwell, P. Harris, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English (capt.).

RUGBY

Guy's v. Metropolitan Police

At Imber Court 11th February, 1961

Result—Lost 6-8

Within ten minutes of the start, the Hospital were ahead by two penalties in this match against Metropolitan Police. The conditions were dry and the Hospital had a strong wind at their backs. In order to maintain this lead the Hospital pack had to cope with an heavy and hard-working Police eight and assist the three-quarters in defending against a lively Police back division.

The pack fought well. Treadwell and Blackwell did much work to obtain our share of the ball from scrum and line-out respectively. Unfortunately, Murray was too often given little protection and his hurried passes in turn gave Boyd little time to clear. In the loose, the back row used their feet well. The backs had little success in attack. Their defence was for the most part steady, but whenever it lapsed the Police three-quarters looked dangerous.

The Hospital got off to a fast start and took play into the Police '25'. No tries came, but Pagliero was successful with two penalty attempts in quick succession. The ball changed hands frequently and the wind tended to keep play to the touch-line. At half-time the score showed no change.

The second-half followed much the same course as the first, although the wind was now with the Police. The Hospital pack now more under pressure began to tire slowly and were less able to help in defence. A good foot-rush and at other times some well judged touch-kicks brought some relief. From one attacking position Biggs just failed to gather a long diagonal kick from Boyd and in another promising move the final pass failed. With more frequent slips by the Hospital defence the Police quickly gained the ascendency. A good dummy from a loose scrum was bought by the Hospital forwards and the Police wing forward galloped over at ease. The try was converted. From the kick the Police came straight back into the attack. A defensive slip by Pagliero, who had otherwise had a sound game, allowed play through to the line and from the pursuing scrum, a Police centre dropped a goal. The Hospital flung their last resources into the final minutes, but were unable to score.

Team : M. Pagliero; D. A. Biggs, C. J. Wright, J. D. Bryant, E. V. Egwuatu; N. F. Boyd, M. D. Murray; P. Jackson, W. T. Treadwell, A. C. Knight, B. Blackwell, P. W. R. Harris, D. R. A. Lloyd-Edwards, J. A. R. Cooke, T. A. H. English (capt.).

MOTORING CLUB

In the United Hospitals' and University of London Motor Club Championship Rally held on 21st January, 1961, Guy's won the team event for the Championship Shield for the second year running, and the first four places in the individual event were also Guy's cars.

Team Event : 1st Guy's I.

2nd Guy's III.

Overall Individual Placings :

1st T. B. Dewell and D. Stone. *Triumph Herald.*

2nd P. Older and J. Knight, *M.G.A.*

Equal 3rd H. Prieskel and R. Heath, *Sprite.*
M. E. Robinson and D. S. F. Gurney *Austin 7.*

HOCKEY

2nd Round Senior Cup

Guy's v. London Hospital

At H.O.P. 15th February, 1961

Result—Won 2-1

This was a closely contested game, with both sides playing good clean hockey, and the result was always in doubt until Guy's scored their winning goal in the closing seconds of the game.

The first half saw no score, the London having had slightly the better of the attack. The Guy's defence found difficulty in clearing the ball cleanly, particularly from 16 yard hits.

The London started well in the second half with several attacks and were rewarded with a goal scored by their right winger from the left hand circle. This stung Guy's into activity and they really took a grip on the rest of the game; Blake soon replying for Guy's with a follow up shot from a goal mouth scramble.

Now the London should have realised that their policy of playing four halves and four forwards was not paying dividends, for although they successfully contained Blake in midfield they made very few attacking moves in the last half hour.

The Guy's defence was well on top now, and was able to give the forwards more of the ball, although more cross passing, particularly from the right, would have greatly opened up the game. Guy's must also make better use of the roll-in to initiate attacking moves in future, and the wings must follow the shot right into goal.

The final goal came from Steyn after a series of thwarted attacks, for the Guy's forwards were well into the ascendency now, and using the wings to particularly good effect. Both sides, however, had strong defences who gave little away, and in this respect Sedgwick was in good form for Guy's against a very elusive opponent.

In conclusion, it may be said that the London were gracious losers of a close battle, and that Guy's will need a good deal more cohesion between defence and attack before they look like a cup retaining side.

Team : M. Crowe; G. Hodgson, R. Lallemand; R. Strickland, M. Conybeare, J. Sedgwick; R. Gumpert, M. Blake, M. Steyn, (capt.), Z. Cader, P. Liddiard.

SQUASH

Cumberland Cup

Guy's v. I.C.I.

7th February, 1961 Result—Won 3-2

D. Richmond lost to R. G. Clark 1-3.
M. Blake beat J. S. Burn 3-0.
A. Gazdar beat J. Eaton 3-0.
D. Hall lost to J. M. McCann 2-3.
P. Sievers beat D. Anderson 3-2.

Guy's v. Sundridge Park L.T.C. and S.R.C.

14th February, 1961 Result—Lost 0-5

M. Blake lost to M. I. H. Kidwell 0-3.
G. Davies lost to C. Evans 0-3.
D. Richmond lost to K. Williams 0-3.
P. Sievers lost to B. C. Phillips 2-3.
C. Chantler lost to P. Collins 1-3.

Guy's v. Queens University Belfast

17th February, 1961 Result—Won 5-0

D. Richmond beat D. Arthurs 3-1.
M. Blake beat S. Mortazari 3-0.
G. Davies beat P. Copmand 3-1.
D. Hall beat A. Hassan 3-0.
P. Sievers beat A. Kennedy 3-0.

BOXING

An extremely large crowd of bloodthirsty and vociferous Guy's students and some more restrained natives watched Guy's defeat a London University team by three bouts to two for the Doris Penny trophy at the Manor Place Baths, on Monday, 6th February.

The occasion was the Lynn Boxing Club's annual show. During the interval the crowd were entertained by the Guy's Jazz Band. The number of bouts was reduced to five by difficulty in matching, and individual bouts are reported below.

INDIVIDUAL FIGHTS

1. *Tony Pickering* (*Guy's*) *v. K. Huffner.*

Boxing Huffner for the second time this year, Pickering started well and scored regularly with well placed blows to the body. Neither boxer really gained the initiative and both were obviously fit and well-matched. Perhaps a little more aggression from Pickering in the later stages of the fight could have gained the verdict, but Huffner was awarded a close decision.

2. *David Stubbs* (*Guy's*) *v. White.*

After a quick haircut from the trainer Charlie Pocknell, an extremely nonchalant and rather weary-looking Stubbs did battle with an extremely active and aggressive opponent. Stubbs boxed with commendable calm and, refusing to fight it out, scored with well-placed lefts throughout the bout. Perhaps a little more training might have made the last round less desperate, but Stubbs held on to a close win.

3. *John Weedy* (*Guy's*) *v. R. Norman.*

Both boxers appeared to be considerably handicapped by the length of their hair and the first round passed quietly with both boxers conserving their energy. In the second round Weedy's extra experience enabled him to gain the upper hand over a heavier opponent and Norman was soon in trouble. Although encouraged by an audience of unrivalled sadism and ignorance of boxing skill, he failed to finish the the fight until the start of the third round.

4. *Eddie Chater* (*Guy's*) *v. Derby.*

A strong and fit Derby bustled Chater into trouble at the start of the first round. While Derby was distracted by a conveniently placed Alsatian at the side of the ring a wild blow from Chater put him down for a count. After this, Chater boxed more confidently and, punching crisply and using the ring intelligently, he scored well. In the third round his full social and private life told, but encouraged by his Alsatian (still at the ringside) and the noisier elements of the crowd, he held on to a slender and thoroughly undeserved victory.

5. *Chris Wright* (*Guy's*) *v. M, Mitchell.*

Wright was unfortunate in his second fight for the hospital to come up against an experienced opponent. Unable to adapt himself to his adversary's southpaw style, he assumed the defensive and a rather one-sided bout was stopped in the second round.

The Boxing Club would like to thank its supporters for their invaluable encouragement and hopes that a similar number will support the Club in the United Hospitals' Championships at U.L.U. on 22nd March.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Lecturer in Anatomy

Applications are invited for the post of **Lecturer in the Anatomy Department** with duties to commence as soon as possible until 30th September, 1962, in the first instance. Salary will be in the scale of £1,250x£100 to £1,850 per annum, plus £60 London Allowance, with superannuation and family allowance. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital Medical School, S.E.1, not later than **11th March, 1961.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar in the Department of Preventive Dentistry** with attendance on 3 sessions per week to commence duties on 1st April, 1961. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with names and addresses of TWO referees should be sent not later than **Tuesday, 7th March, 1961.**

HOUSE APPOINTMENTS

1ST MARCH, 1961

Assistant House Surgeons

To :

Mr. Blackburn	Mr. A. J. Bron
Mr. Lawrie	Mr. C. S. Ogg
Mr. Glover	Mr. P. J. Winter
Mr. Brain	Miss M. N. R. Pitt

Appointed for six months, the first 3 *as A.H.S.*

Assiatant House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. B. Blackwell

Appointed for six months, the first 3 *as A.H.P.*

Dr. Boland and Dr. Houston } Mrs. J. P. Peebles

3 *months*

Dr. Mann and Dr. Kauntze } Mr. G. S. Spathis

Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick
Dr. MacLean
Dr. Bishop
Dr. Deuchar and D.X.T. } Mr. I. G. McGill

Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. T. J. H. Clark
Miss J. M. Hawker
Mr. A. P. Hopkins
Mr. T. Sherwood
Mr. E. R. Walrond } 3 *months*

House Surgeons :
To :
Mr. Massie — Mr. S. R. Meadow — 6 *months*
Mr. Eckhoff — Mr. A. S. Horner — 3 *months*
Mr. Atkins — Mr. R. J. Cockerill — 6 *months*
Mr. Wass — Mr. A. S. Cooper — 3 *months*

House Physicians
To :
Dr. Baker and Dr. Joiner — Mr. I. D. B. Rennie — 6 *months*
Dr. Boland, Dr. Houston and Professor Butterfield (Male Patients) — Mr. R. J. Heald — 6 *months*
Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients) — Mr. R. D. Hill — 3 *months*
Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. — Mr. B. Batten — 3 *months*

Resident Obstetricians
1.11.60—30. 4.61 — Mr. A. W. McKenzie
1. 1.61—30. 6.61 — Mr. C. J. Rowland
1. 3.61—31. 8.61 — Mr. P. W. R. Harris
1. 5.61—31.10.61 — Mr. D. R. Harvey

Throat and Ear House Surgeons
Mr. R. A. Peebles
3 *months at Guy's followed by* 3 *months at New Cross*
Mr. J. D. Wonham
3 *months at New Cross*

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital
Mr. K. J. Connolly — 3 *months*
Mr. M. E. Cavendish — 3 *months*

Dermatological House Physician
1.11.60—30 4.61 — Mr. C. J. Hunter-Craig
1. 5.61—31.10.61 — Mr. M. I. S. Keir

Neurological House Physician
Mr. J. R. R. Spurrell — 6 *months*

Genito-Urinary House Surgeon
Mr. K. E. E. Hubble — 3 *months*

House Surgeon to the Thoracic Unit
Mr. J. W. S. Rickett — 3 *months*

Children's House Physicians
Mr. C. C. Korvin — 3 *months*
Mr. S. O. B. Roberts — 6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists
Mrs. J. Johnson — 3 *months*
Mr. W. J. Appleyard — 6 *months*

R.M.Os. in Nuffield House
1.12.60—31.5.61 — Mr. P. R. Grob
1. 1.61—30.6.61 — Miss J. Ridley

House Physicians in the York Clinic
1.4.61—30.9.61 — Miss N. Rose
1.4.61—30.9.61 — Mr. R. Paul

Resident Anaesthetists
1.12.60—31.5.61 — Mr. N. Gripper (S.H.O. New Cross)
1.12.60—31.5.61 — Mr. J. Lore
1. 3.61—30.8.61 — Mr. J. J. Maher (S.H.O.)
1. 3.61—30.8.61 — Mr. J. R. F. Boger

HITHER GREEN HOSPITAL

House Physician (General Medicine and Infectious Diseases). Commencing 15.3.61
Mr. Than Tut

JOYCE GREEN HOSPITAL

House Surgeon
Mr. R. C. Westbury

House Physicians
Appointments made by Joyce Green Hospital direct.

LEWISHAM HOSPITAL

House Surgeons
Mr. D. H. Myers
Mr. J. E. Oliver

House Physician
Mr. J. S. Meyrick

NEW CROSS HOSPITAL

House Surgeon (General Duties)
Miss P. B. Hewitt

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. I. W. F. Hanham

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

Alina T. Piesowicz — J. A. P. Trafford

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F.R.C.S.

Primary Examination

January, 1961

D. J. Richards — A. W. Sollom
M. D. Sanders — P. J. E. Wilson

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Membership

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H. H. Shawdon

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Joan W. Baker

D.T.M.&H.

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CONJOINT BOARD

December, 1960

D.P.M.

M. H. De Groot J. D. Pryce

D.P.H.

J. R. F. Boger J. R. P. Murley

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

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REQUIRED

WANTED IN HARLEY STREET by Guy's Dental Surgeon, nice room and office. No N.H. Box No. 258.

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FATHER, SON, partners old established family dental practice require dental surgeon as assistant, view partnership, modern equipment, Brighton. Box No. 259.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

C. V. Harries, O.B.E., M.R.C.S., L.D.S., Royal Ordnance Factory, Glascoed, Usk, Mon.

G. B. Clinton Jones, M.B., B.Ch., Iolanthe, Burrard Grove, Lymington, Hants.

H. Levison, B.D.S., 11, Penlon, Menai Bridge, Anglesey.

John Zorab, M.R.C.S., L.R.C.P., Dovedale, New Odiham Road, Alton, Hants.

BIRTHS

BRYANT.—On 28th September, 1960, at Broken Hill, Australia, to Beveice and Peter Bryant, M.R.C.P., a son (Guy Forester), brother to Paul and Bevis.

BUTCHER.—On 7th February, 1961, at Farnborough Hospital, to Peggy (née Border), S.R.N., wife of A. S. F. Butcher, M.R.C.O.G., a son (Adrian Christopher) brother for Marilyn, John and David.

KEDGE.—On 20th December, 1960, to Janet (née Summers) and Robert Kedge, a daughter (Sarah Judith), sister for Peter and Timothy.

KIELTY.—On 28th December, 1960, at St. Teresa's Maternity Hospital, Wimbledon, to Patricia (née Spencer), S.R.N., and Michael Kielty, M.B., M.R.C.S., a son (Stephen Peter), brother for Michael John.

MARRIAGE

RIBBANS—PANNELL.—On 21st January, 1961, at St. Philip and James Church, Whitton, Middlesex, Geoffrey Ribbans to Margaret Pannell, S.R.N.

DEATH

KERR.—On 5th February, 1961, in Boston, Mass., Alexander Creighton, Ph.D., B.Sc. (Hons.), L.D.S., Dental Research Fellow 1953-1958 Guy's, aged 36 years.

EDS. {S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1895 11*th March* 1961 *One Shilling*

PASSIM

WHILST the Residents' Play may belong to the Medical side of the Hospital, the Dental School does have its own traditions and special occasions. Last week's annual clinical day was as usual a great success and an admirable way for the School to show itself and its work to the five or six hundred visitors who came. The Medical School, unfortunately, has no comparable occasion; so that few outside the departments concerned know anything of the medical research in progress. The Medical School Open Day which was staged nearly two years ago for the Department of Scientific and Industrial Research was one of the rare occasions when the quantity and variety of current research work could be appreciated.

Some Medical Schools and Hospitals have annual Open Days in the same way as does the Guy's Dental School. These are full of interest to the visitor, but they require an enormous amount of extra work, which many consider rather pointless. If the preparation of displays and demonstrations is going to displace several weeks' work, it can rarely be justified. We are envious of the Dental School who appear to accomplish their excellent clinical meeting so conveniently.

We hope to prevent the research workers of the Medical School from sinking into anonymity by printing a series of short articles in the *Gazette* on 'Research at Guy's'. These will not be full scientific papers, but rather news summaries of present and future research and the details of the type of work undertaken by the different departments.

The *Cerebral Palsy Bulletin* is still very much a Guy's concern, and glancing through the names of the editorial board we were interested to see that the Guy's majority has been increased by the addition of Martin Bax, who left here two years ago, as assistant editor. The *Bulletin* is wider in scope than its name implies, containing articles on developmental medicine, child neurology and neurophysiology.

An effort is being made to encourage senior students to read the *Bulletin* by offering for an annual subscription of only 10*s*., both the bi-monthly *Bulletin* and the four monographs of the Little Club Clinics in Developmental Medicine. The first monograph, edited by

Professor Polani and Doctors Clayton-Jones and Mackeith, on the neurological examination of the infant has been on sale (price 5*s*.) for some months. If the subsequent monographs are of the same standard the student subscription rate of 10*s*. for four issues of the monograph and six copies of the *Cerebral Palsy Bulletin* is a real bargain.

Those who were fortunate enough to be at the Dental Society Dinner heard from the President, Mr. A. J. Bridge, of an interesting bit of history associated with a recent generous gift to the Dental School. A fine set of microscopes were given by Colonel Sexton to the School. In the corner of the crate was a box containing a smaller older microscope with a tarnished plate on its base. The plate was cleaned and found to bear the inscription " Discovery 1901-1904", it being the microscope used by Scott's party on the Antarctic expedition. With Colonel Sexton's approval, the microscope is to be displayed in the permanent exhibition on board the *Discovery* at the Embankment.

The Rugby team have put up a great performance in the Hospitals' Cup this year, and we congratulate them and their captain Terence English on their defeat of St. Thomas's in the final. Guy's have won the cup 28 times.

A novel feature this year was the arrival of television cameras on the scene. Fortunately the ITV directors had forbidden a few days before the use of comparatives in the evaluations of detergents, so there was no chance of one team's kit being cleaner than the other's. In any case, for matches, the laundry is done by the club so there would be no question of an ex-captain second row forward's jersey being either more or less clean than that of any one else.

The rumour that the College reading room clock has been going backwards for some time now seems too absurd. We would be glad of verification from the *habitués sportifs*, if they can spare a moment.

IN BRIEF :

The Darling Foundation Medal and Prize for contributions to research in malaria has been awarded jointly. One of the recipients is Sir Gordon Covell, formerly of the Indian Medical Service and director of the Malaria Reference Laboratory (Medical Research Council), Horton Hospital, Epsom, and adviser on malaria to the Ministry of Health.

Dr. J. D. Pryce has been appointed consultant pathologist to the Ipswich and East Suffolk area.

Dr. C. G. A. Thomas, senior lecturer in the department of clinical pathology has been appointed consultant bacteriologist, Norfolk and Norwich area.

GUY'S DIARY

MARCH			Exhibition. *Surgery of the Neck.*
14th	T	1.00	Dr. Kendall. Clinical Lecture. *The Diagnosis and Treatment of Osteo-Arthritis.*
16th	Th	1.00	Mr. Wass. Clinical Lecture. *Swellings of the Thyroid Gland.*
17th	F	1.00	Dr. Mann. Clinical Lecture. *Biliary Cirrhosis.*
18th	S	3.00	Rugby. Guy's v. Gloucester at Gloucester.
20th	M	1.00	Dr. Carnegie. Clinical Lecture.
21st	T	1.00	Mr. Clarkson. Clinical Lecture. *On Making Thumbs.*
23rd	Th	1.00	Mr. Lawrie. Clinical Lecture. *What Are We Trying to Do ?*
24th	F	1.00	Dr. Kauntze. Clinical Lecture. *The Diagnosis of Bronchial Carcinoma.*
25th	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
		3.00	Rugby. Guy's v. London Irish at Sunbury.
27th	M	1.00	Professor Vernon D. Mountcastle, M.D., of Johns Hopkins Hospital. Clinical Lecture. *Sensory Localisation in the Cerebral Cortex.*

OBITUARY

CHARLES EDWARD IREDELL, M.D., M.R.C.P.

Dr. C. E. Iredell, Consulting Surgeon Emeritus to the Radiotherapy Department, died on 30th January, at the age of 83.

Charles Iredell was born on 30th October, 1877, the son of Colonel J. S. Iredell of the Bombay Staff Corps. He studied medicine at Guy's qualifying in 1903. He became M.D. in 1907 and M.R.C.P. in 1908.

In 1907 he was appointed Surgeon in Charge of the Actinotherapy Department at Guy's. This department, which was first opened in 1904, was originally housed in the 'old surgical dormitories' on the top floor of Hunt's House, and was mainly concerned with the treatment of Lupus by means of a Finsen's lamp, a cumberson apparatus whereby ultraviolet rays were directed down a three foot long telescope on to the affected area. In 1910 the department was transferred to the 'Round House' which is adjacent to the present Surgical X-ray department and in 1922 moved to the first floor of Shepherd's House where it became known as the 'Light Department'. This was the heyday of actinotherapy and in addition to the Finsen's lamp, a number of carbon arc lamps were installed, some of them in the ground floor of Hunt's House on the site of the present Cafeteria. By these means the entire nursing staff was irradiated each autumn as a prophylactic against influenza and winter colds.

As the various modern forms of electrotherapy became available they were installed in the department and developed by Iredell, but his main interest continued to lie in the treatment of lupus. Many hundreds of patients passed through his hands and he achieved many outstanding cures.

In course of time the department acquired a small X-ray apparatus for superficial therapy and several small pieces of radium with which Iredell treated Rodent Ulcers. It was probably on account of these latter activities that on his retirement in 1937 Iredell was given the title of Consulting Surgeon Emeritus to the Radiotherapy Department.

Although many of the methods he used to employ are now long out-dated, Iredell may truly be said to have been a pioneer of present day Physical Medicine. After his retirement he continued to examine at the Final examinations of the Chartered Society of Physiotherapy for a number of years.

Dr. Iredell was a widower and is survived by two sons and two daughters.

E.J.C.

THE RESIDENTS' PLAY

"DRUG FEVER"

By MAURICE LESSOF AND TONY TRAFFORD

What a relief for your critic to leave the Physiology theatre, not too late in the evening, with the knowledge that he has a really good play to review.

It opens in the photographic department with a rousing chorus of six nurses (The Misses Dawson, Horner, Reynolds, Rowlands, Batten and Rickett), all of them old girls of St. Trinians and one of them in particular with genuine Searle legs.

The Girls (*Clark, Reynolds, Rowlands, Batten, Rickett, Dawson*)

Welcome to the Residents Do
We are the Chorus
Come to sing a song for you
Matron implored us.
We will introduce ourselves
Janie, Jill and Juliet,
Mavis and Eliza, whilst I am Maud.

(*Chorus*)
It's a sort of free for all you'll soon get the feel
Of the square dance that we call the Maze Pond Intern's Reel.

Elevate the arms awhile
Abduct the shoulders,
Fling right back your hands with style
Bashful yet bolder.
Promenade to the front and then
Make sure a man is in your view.
Just raise the skirt when
He's watching you.

Dosey Do all gooey, like
You were a beauty,
Dosey Do again you might
Flirty yet snooty,
Take your partner by the hand
Then you skip a step or two,
Just like a little lamb,
That's what we do.

There is a sad though friendly background to the whole evening, with emphasis on the impending retirement of those two very popular figures, the hospital's senior physician and senior surgeon. The plot concerns the projected new Tower Block—25 stories but still not large enough to house the casualty department and the department of thoracic surgery. Those able to raise the money, the Ministry having refused a grant, will have the power to allocate the available space.

Two of the surgeons, Sir Bustle Block (Mr. Cooper) and Mr. Drain (Mr. Korvin) intend to steal the prodigious supplies of heroin hoarded over the years by the senior physician, Dr. Duffwaite (Mr. Keir), and sell it on the black market. They are, however, watched and photographed by Dr. MacTeeth (Mr. Harvey), acting, rather unwillingly, as Duffwaite's stooge. Another physician, Dr. Shamm, is electrocuted while showing some photographs of New York on the projector in the photographic department and is taken in to the Recovery Ward where he is visited by MacTeeth ; they decide to steal the heroin themselves so that Tower Block can be divided between the departments of medicine and paediatrics.

To get the heroin out of the hospital Sir Bustle and Drain use the turmoil of a casualty exercise organised by Mr. Sharkson (Mr. Meadow) to wheel the heroin out of the hospital covered by a sheet. To obtain co-operation from the students for the casualty exercise Sharkson has laid on free beer in the Miller, but this is provided too early on and the exercise is a fiasco. However, Sister Grimes (Mr. Heald), Shamm, Sharkson and Mr. Chassie (Mr. Mallinson) between them create enough confusion for the villians to get away with the trolley—unfortunately it is the wrong trolley and the sheet covers Shamm, a mock casualty. But what has happened to the heroin ? MacTeeth announces breathlessly that it has indeed disappeared.

Act II opens on board a ship in the Pool of London, a beautifully designed set, and the Master is none other than that well-known physician Dr. Flauntze (Mr. Hartfall), engaged in dope peddling and the White Slave traffic, and waiting for Sir Bustle and Drain with the heroin. There is little haggling over the price. What is half a million to Flauntze ? Even so the villains get a post-dated cheque. It is clear that the bundle unceremoniously dumped in the hold contains Shamm and not the heroin.

There is very little security on board this ship and the next person to appear is our handsome, buxom heroine Sal Monella (Mr. Clark), a Guy's staff nurse in the best traditions whom until now we have only seen for a brief time with her fiancé, ambiguously named Dead Keen (Mr. Hopkins), who is Duffwaite's house physician, and obviously popular with everyone without apparently having to do very much about it. Sal is looking for the heroin but is soon kidnapped by Flauntze to improve the quality of his White Slave traffic. MacTeeth is the next to appear in a search for Sir Bustle and Drain; he meets Shamm on deck, who has escaped with what he takes to be the heroin. Flauntze and his First Officer discover their losses and make for Guy's armed with knives.

Dr. Flauntze with 1st Officer
(Hartfall and Hunter Craig)

There is only one scene left, in the Governor's Committee Room ; the heroin still has to be found, the Tower Block financed, the villains caught and Sal united with her lover. Things have to happen quickly. Duffwaite announces that he has sold the exclusive rights in a new drug he has been trying out on himself, to a well-known drug firm who will pay for the Tower Block. Sir Bustle and Drain, with Flauntze's cheque in their pocket protest, while MacTeeth and Shamm pull the sheet off the large package they have brought in, revealing not the heroin as they thought, but the heroine. So we are allowed a second, short opportunity to observe the great love felt for Sal by this fine young man.

Keen : Darling. It's been .... hell without you darling.

Sal : Darling.

These romantic moments are rudely shattered in a last minute attempt by Sharkson the greatest villain of them all, to obtain control of the new block. Carrying a large revolver he fires into the air to intimidate the assembled company. There must be some way out ; evil can never triumph. But who is there courageous and resourceful enough ? Sister Grimes, of course, appearing from behind Sharkson; she has a heavy splint in her hands and nonchalantly lays him out cold.

Duffwaite then announces that the heroin is safe, rescued by Keen, and he will recommend our hero for the post of Director of Research in the drug firm which is to finance the Tower Block.

Flauntze is about to have Sir Bustle carved up for what he thinks is a double cross, but everyone's mood is mellowing. Sal and her love realise they can afford to get married, Flauntze knows that his cheque will bounce and Sharkson apologises.

All photos by) *Sharkson's Hold Up* *(Mr. G. W. Cook*

So the stage is set for Night Time in Bermondsey, one of the best Borough songs ever composed, full of nostalgic sentiment and a haunting tune.

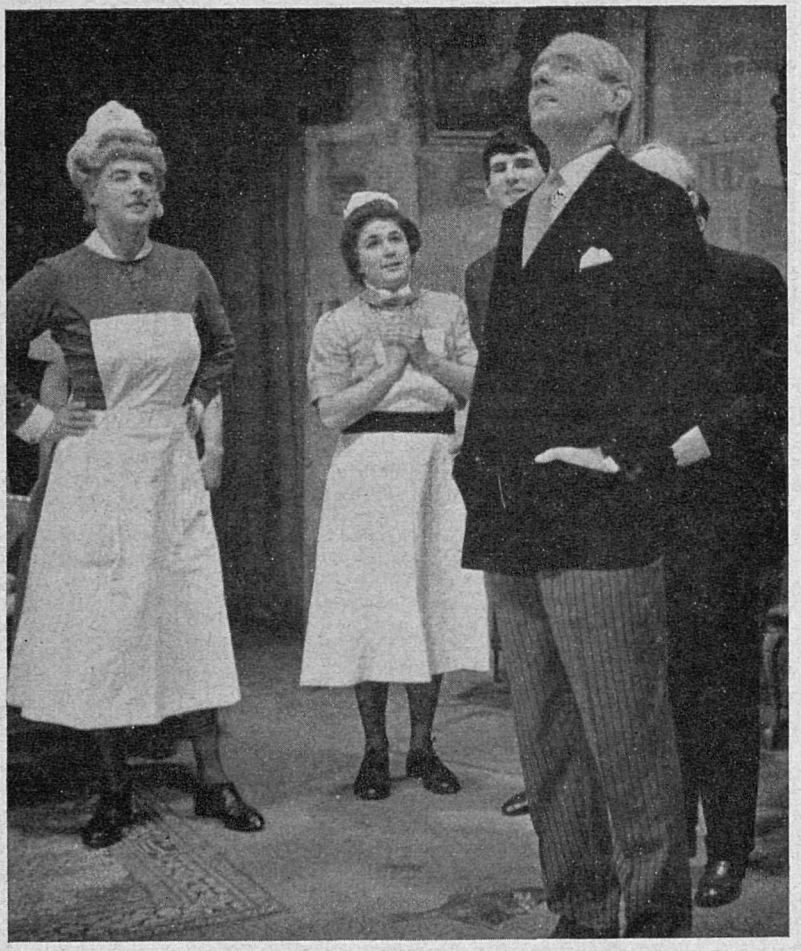
It's night time in Bermondsey
The folk have locked their doors,
For housewives of Bermondsey
It's time to stop their chores.
The Tele's turned off and the pubs are empty
Pensioners dream of a land of plenty,
It's night time in Bermondsey, and time for us to say
Goodnight.

It's night time in Bermondsey
The tide is turning now
Round barges in Bermondsey,
The water laps their bow
On London Bridge young lovers shiver
And gaze at the lamplight in the river
It's night time in Bermondsey, and time for us to say
Goodnight.

It's night time in Bermondsey
The chimes of old St. Saviour's
Tell us in Bermondsey
Of all our hopes and failures,
Whilst below in the Cathedral Café
Lorry drivers rest, forget, and are happy
It's night time in Bermondsey, and time for us to say
Goodnight.

It's night time in Bermondsey
In Guy's the lamps are low,
In wards full of Bermondsey
The talk is soft and slow ;
In Caleb and Diplock children are sleeping
Of homes and Mums and Dads they're dreaming
It's night time in Bermondsey, and time for us to say
Goodnight.

It's night time in Bermondsey
The Barrow boys have gone
They'll be back in Bermondsey
Before the sun has shone,
For dockers and doctors the day has ended
It's time we too all homeward wended
It's night time in Bermondsey
And time for us to say Goodnight.



Sister Grimes, Sal Monella and Dr. Duffwaite
(Heald, Clark and Keir)

As its strains fade and the audience streams across the Park, what impressions are left ? The framework of the Residents' Play has a conventional form which, like the Commedia del Arte, can be used to confine the limits of the basic idea and yet remains flexible enough for variations in mood and fashion sufficient to give each play its own individual character. This year the cast played as though they were disinterested in the plot, seeming to emphasise an ironic detachment running through the whole production ; an attempt almost to parody the Residents' Play itself. This is explicitly stated in Sal and Keen's 'Lovely Love Song'.

We've got to sing a lovely love song
so we will begin
We've to sing a lovely love song
yet neither of us can sing.
We've to trill a merry note
the producer did beseech
But the note at which we're trilling,
neither of us can reach.
Tradition makes us take the stage and we
will do anything,
We will kiss and dance and show a leg, but
neither of us can sing.

We will start to jive and thereby
a fresh note we'll bring.
Then perhaps it will not matter
that neither of us can sing.
Down with prim and queer romancing,
cast all traditions aside,
Hurrah for vim and vigorous dancing,
and let the song subside.
We will sing and dance this lovely love song
in a modern way,
We'll sing and try our best to forget that this
is the Residents' Play :
Down with prim and queer romancing
cast all tradition aside,
Hurrah for vim and vigorous dancing
and let the song subside.

They do, in fact, sing and dance very well, he as a peony carrying romantic figure who has little to do to justify his status as hero. He rescues the heroin—offstage—or so Duffwaite says, and is suitably rewarded. How modern it all is. The heroine is saved by good fortune and Shamm's mistake, and we have a feeling that it is Keen's charm that gets him the job with the drug firm. Duffwaite, modest as always, probably protected the heroin himself.

Maybe this charm will be sufficient to keep his Sal now that he has won her. She certainly—and convincingly—had a devastating effect on others. Mellors (Mr. Horner), the patient in John Ward with the Midlands accent, was one of these. But Sal is a good girl as we learn from her anguished voice behind the screen.

" That's not my idea of floral arrangement, Mr. Mellors."

The central characters are undoubtedly Duffwaite and Chassie. Mr. Keir as Duffwaite was greatly helped by his build and general appearance, but there are considerable difficulties in this part because the inflexions of the voice which make it characteristic are only subtly

different from those of many other voices. In this, as well as in his mannerisms and mode of delivery, Mr. Keir's performance was of a very high order indeed; truly this was an exact impersonation. Not only Duffwaite but the rest of the cast as well were greatly helped by the authentic, witty dialogue of the authors, Maurice Lessof and Tony Trafford. For example, Duffwaite's opening remark in the first scene of the play :

"I would have thought that in this day and age all forms of frightfulness were not only possible, but probable." And later : "I had an idea that a mixture of equal parts of heroin, mescaline, lysergic acid and hashish might have useful therapeutic properties. It would of course be a mixture of only feeble addictive properties ; this aspect has, of course, been grossly exaggerated by those whose only knowledge of it is in relation to the moronic underworld of the United States."

"See if you feel what I feel"
Mr. Chassie (Mallinson) to Keen (Hopkins).

Chassie is an easier matter but Mr. Mallinson deserves congratulation not only for his excellent impersonation but particularly for showing us the most delightful senior surgeon any hospital could possibly have. He had one great song suitable for an Edwardian music hall—The Swell-AH.

No one now sings the saucy songs
I first learnt in my cradle
It's time for me to put that right
As best as I am able.

(*Chorus*)

Oh what a fell-AH
He really is a swell-AH
The young-AH fell-AH with the mot-AH Ca-AH
There's just one thing pecul-i-AH
His name is not singul-i-Ah (It's plural)
G — G — G M is his name.

Chassie and Duffwaite sing two good songs together, one of them 'The Senior Consultants,' with the refrain :

We've three alternatives
Chop it up
Chop it out
Don't Chop it.

and the Round-the-Hospital Song.

Nowadays I don't hear much gossip
So when I do I usually jot it
Down in my diary every day
With all that Miss Falwasser happens to say.

Charlie Joiner's on a good thing
Nuffield House is his private wing,
Now he's landed on his feet,
He's building a clinic in Joiner Street.

Houston's got a worried look
He's making a new students' book,
Mackenzie's doing better still
His *bookmaker is William Hill.*

Shamm is a gift, either as a portrait or caricature. Mr. Rennie chose caricature and most enjoyable and skilful it was. One will remember, with the great Shamms of the past, this one as he first appears in the photographic department, with his head showing above a cardboard figure, complete with fig leaf.

" I say, I think it's a jolly good idea, don't you ? Getting myself photographed as Hippocrates, you know, for the frontispiece of the book."

And later in the same scene, before he is electrocuted and convulses helplessly in Bungle's arms, showing photographs first of all of a famous film star :

" She's rather striking, I mean, medically . . . . And so intelligent. I mean, so very nice and sensible."

And then another well-known facade, with a balcony running the length of the first floor :

" These are my consulting rooms. Working here is difficult. I mean, people keep passing through and standing waving to people outside. I mean, very odd."

Following his electrocution he spends the rest of the play wearing a vest, a tasseled night cap and long, fire engine red underpants, no doubt a relic of his recent New York visit.

He and MacTeeth sing an Empire song in the Western brothers style :

Our pastimes need fear no disclosure
Shamm : *I find mine in the Royal Enclosure*
MacTeeth : *We have a lean and hungry look*
Shamm : *As I said to 'Cony' when we wrote the book.*
There's nothing in it, there's nothing in it,
there's nothing in it for us.

Mr. Cooper as Sir Bustle failed to show the relentless drive and energy of his mirror image and made him into a genial and rather ineffectual figure, presumably by design as it high-lighted one of the play's great moments when the first officer on board the ship mistakes

Sir Bustle for a well-known music hall comedian.

He had a splendid pas seul and one good verse in the song 'Resourcefulness' with MacTeeth, Sharkson, Duffwaite and Chassis :

Now I note, yes I note !
That the stock of heroin is now remote
And if you want to quote what Sir Bustle Block connotes
Just note that I denote—that I note.

Once more the authors provide some witty lines :

"A medical registrar will be attached to the firm to inform us immediately of any change in the fourth heart sound. That's what a physician's for."

Mr. Hartfall was a genial Flauntze, too round in the face, but the voice was there. His Nautical Song was a little disappointing, and the chorus was rather surprisingly better as nurses than as sailors.

Flauntze : When I was a boy and fancy free
I vowed a Physician I would be,
Even as a student I ensured
My teachers never would be bored :
Give me a chance to show my worth
Give me a problem to unearth—Just
An inverted T on an E.C.G.
And I'll baffle 'em all with Blarney.

Chorus : Let's sing a nautical song today
Cast those medical cares away,
It has a beat you can't resist
When everyone's singing to-night.
We don't usually snap our fingers
But the beat is one that lingers
So although we don't know how
We can't stop snapping them now.

Mr. Meadow as Sharkson had an important part to play to keep the plot moving and did this well ; visually he was not suitable but the voice—a difficult one—was very convincing.

Mr. Heald as Sister Grimes was as good as anything in the play, uncanny in his impersonation, and with a song that should be remembered for many years—Is Everything All Right, Sir ?

'Is everything all right Doris ?' That's what I say
As I enter Out-Patients each day
Then I see what is happening before I do my round
And find anything that there is to be found
Before I go in all quiet and meek
And say very fast before they can speak :
Is everything all right, Sir ? - - - Good Afternoon.

Good afternoon, Sir, there's just one more thing,
Your clinic was yesterday and not this morning.
There's a wild Egyptian outside who says
His wife's been waiting here for two days,
(*aside*) *" Stop scratching nurse you're not a baboon "*
I'm afraid you will have to see him soon
Is everything all right, Sir ? - - - Good Afternoon.

Do you know any Polish Sir, you've five of them I fear
But you don't need to speak it, none of them can hear.
It's rather cold Sir, the heating's failed
And the power supply has been curtailed
(*aside*) *" The tea is for the doctor nurse, don't think you can't be seen "*
The painters have come to paint the walls green
Is everything all right, Sir ? - - - Good Afternoon.

A man has come with a pneumatic drill
He must start now, but he can't until
You turn off the light and open the windows
And move your desk along and in so
Neither you nor any of your clerks
Will be in the way when he starts
Is everything all right, Sir ? - - - Good Afternoon.

There's a comatose man you should see before he dies,
(*aside*) *" Test his urine quickly nurse, remember you're at Guy's "*
The cobalt bomb has just exploded
These foundations have been eroded
The water has suddenly gone all brown
And New Guy's House has fallen down
Is everything all right, Sir - - - Good Afternoon.

Chorus : Although she has no wards to run there's never time to spare,
The Almoners and Shoe fitters they all do their share,
The Housemen must be punctual and the nurses very quick,
For she runs her department like a battleship.

Mr. Harvey as MacTeeth was another delightful success and deserves particular credit for his attack and his appearance of thoroughly enjoying his task. He started well in the second scene of the play where he is discovered in the dispensary cellar at midnight looking rather bewildered.

"I feel rather like a rejected child; I never liked being out in the dark."

Dr. MacTeeth (*Harvey*)

Later on there is an excellent scene with Shamm where they discover a large Teddy Bear in the cot next to Shamm's bed in the Recovery Ward.

Shamm : "Jaundice. . . . . Hirsutes. . . . . Of course. Jaundice and hirsutes were first described by Hanot's registrar."

MacTeeth (kneeling down by the cot) : "Who is looking after this poor unwanted child ? Why are you in hospital ? (he kisses its paw). Is he a feeding problem ? "

Of the other members of the cast Mr. Hunter-Craig was reliable as Bungle the photographer and as the First Officer but hardly fierce enough as a pirate.

First Officer (To Sir Bustle): "I'll tear your heart and liver out if you're double dealing with me mate."

Drain : "My goodness. A hepatectomy. I only did eight all last year."

Mr. Korvin as Drain had a very difficult, almost impossible task. As far as the impersonation went there was little for him to get his teeth into, and for the purposes of the plot he was a stooge. However, he was undaunted and did well to help hold the structure of the play together.

Mr. Sharkson and Sir Bustle Block.
(Meadow and Cooper)

That the Residents' Play should take place at all is astonishing enough, but few of the audience realise that on top of the obvious difficulties the conditions in the Physiology theatre make a performance of the quality we get year after year almost incredible. There is no stage, only one dressing room and the tiers of seats rise up at a steep angle within a few feet of the actors. This means that successful make-up is almost impossible and this was emphasised this year by the general excellence of the production. Make-up was the weak point in both Duffwaite's and Sister Grimes's impersonations and those having to wear bald wigs were also at a disadvantage. Under these conditions those concerned should be encouraged in the future to use a good deal less make-up with less emphasis on lining the faces. Nothing can be done about the bald wigs except possibly to wear them further forward—or to suggest that those of the cast concerned should shave their heads in an appropriate manner. An observer watching the changes at Guy's since the war must wonder how a proper theatre has been left out of the many amenities provided during this time. Perhaps the Residents' Plays and the Theatre Club productions are of such a high standard that those who take part in them do not seem to need further encouragement.

The lyrics by Roy Meadow and Maurice Lessof were excellent, written to be sung rather than read and keeping to the high standard set by the dialogue. The music, with its different styles, was of the

same calibre. Those concerned, Dick Spurrell, Tony Bron and Roy Meadow, should be very pleased with their contributions. It was bad luck that one of the pianists fell ill during the week which seemed to take the confidence away from the remaining pianist and the substitute. In fact they played well together and it was a pity they did not open the tops of their pianos and throw modesty and discretion to the winds, for the tunes and rhythms were good and the audience would have enjoyed hearing more of them.

Finally, one must thank the producers, Stewart Cameron and James Willis, for the efficiency of their production, and for not allowing it to slow down at any point.

This was a most enjoyable evening and likely in the golden glow of time to rank among the best Residents' Plays of the past.

T. M. L. PRICE.

OVERHEARD DURING THE RESIDENTS' PLAY

A Physician in the Staff Dining Room :

" I mean to say I don't really say 'I mean to say' do I ? "

A Registrar (who happened to be a joint author of this year's play) :

" It's splendid : quite definitely the best Residents' Play I've seen in the last ten years."

A House Surgeon in the dressing room :

" Whose pinched by breasts ? "

Twenty-Five Years Ago

Guy's Hospital Gazette, 14th March, 1936.

"Vice Versa", or "The Lady With The Lamp". By C. G. Baker and M. A. Partridge. Lyrics by C. G. Baker. Music by Oliver Ive. . . . "With regard to the production, we have learned to expect fairly smooth running, and there is no doubt that Bishop's previous experience in producing was a great help in this play. But there are three factors responsible for the successful production of a play—the producers, the actors, and the audience, and I would like to say just a few words here about 'the Miracle of the Audience'. I saw this play in rehearsal from time to time, and it looked terrible. I would have been prepared to take a fairly considerable bet that it would be a complete failure, and then I saw it acted before an audience and it was an entirely different production. So the producer and the actors cannot claim all the credit for the success of this play; a very large amount belongs to the audience, and what an appreciative audience!"

CORRESPONDENCE

Letters to the Editor of the Gazette

Psychiatry in General Practice

SIR,—We had not intended to enter this correspondence, but have been prompted to do so by Mr. Appleyard's letter. Our own emphatic opinion is that a House Appointment in Psychiatry is an invaluable contribution to the training of a General Practitioner. In fact, in our view—which admittedly carries the bias of long interest in this matter—it could almost be regarded as essential. We are encouraged in this, not only by those of your correspondents who have upheld this opinion, but also by the experience of our patients and former Housemen.

Yours etc.,

D. STAFFORD-CLARK,
J. J. FLEMINGER,
G. F. VAUGHAN.

York Clinic,
Guy's Hospital, S.E.1.

Medicos Look At . . .

SIR,—I was alarmed at the substance of your 'Medicos Look at . . . .' article of the last issue. I am sure that both Mr. Beckett and M. Ionesco would be disconcerted to learn of your correspondent's breezy siphoning off of their plays into "Kitchen-sink" drama, surely an English movement in the theatre. Mr. Beckett is an Irishman living in Paris, whose characters have lost all contact with the immediate, physical world. They have become increasingly absorbed in their own consciousness, yet increasingly incapable of controlling it. His plays are essentially Morality Plays, bursting with symbols which, if you take the trouble to understand them, will give you a greater insight into the characters and more enjoyment from the plays. Your correspondent mentions "one character led about by another by means of a halter;" was not Christ treated in the same way by mankind, as Lucky was here by Pozzo ? Is this "Kitchen-sink" drama ? M. Ionesco is a Roumanian by Birth, but now lives in France and it is in Paris that most of his plays have been performed. He never rails at the world but merely pokes fun at it, yet underneath the fun there is a striking sternness: he is as deliberately pointless as swift in the mood of 'polite conversation,' but all the time you are aware of an undercurrent of fury which is the soul of his writing. I wonder, has your correspondent ever read, or even heard of, 'Amedée, Ein Attendant Godot Rhinoceros or Fin de Partie' ?

The review of the 'Caretaker' is gloriously naive in its bland regimenting of the characters into, forceful, apathetic (possibly due to a leucotomy) and, wait for it; a tramp. Mr. Pinter, however, is master at understatement, a master with words, creating an intense atmosphere titillating with laughter and sorrow that your reviewer has quite missed in his tribulation as to: well; was it leucotomy or was it convulsive therapy ? Mr. Pinter himself has said that "you can read too much into the Caretaker'. Your correspondent seems to regard the play as a challenge to his intelligence. He has completely disregarded any humour that the play contains, has made a polite but ineffectual attempt to tell us something about the atmosphere and has lost himself, and his readers in his ramblings about this or that interpretation. Cannot he accept what he sees as a situation charged with dramatic appeal into which Mr. Pinter has injected wit, understatement, humour, sadness and tension: all moving at electric pace and carrying the audience with it. His final statement in which he tells us that all augers well is only Mr. Pinter can "wed his sense of drama and gift for words with a worthwhile theme," just about brings the house down. He credits Mr. Pinter with a sense of drama. Could I ask him what is drama if it has no conflict ? In the 'Caretaker' the conflict is between the three characters and is complementarily created by the situation and the characters themselves. The conflict is all important for without it there could be no drama: the theme is the situation and the deliberation of the characters; in fact the conflict. The whole is the drama.

Yours etc.,

TIMOTHY DAVIS.

Guy's Hospital, S.E.1.

Boxing Reunion

SIR,—Further to my letter regarding the Guy's Boxers Reunion, perhaps I could once more use the *Gazette* to inform those interested that I have booked a room at the 'Angel', Rotherhithe, for Thursday, 23rd March, the day following the United Hospitals' Championships.

I would be very pleased if those old members wishing to attend, would write to me as soon as possible so that I can let the Caterer know the number of meals to prepare.

The cost will be £1 1*s*. 0*d*. per head.

Present members of the Club should contact Mr. E. Chater at the Hospital.

Yours etc.,

M. SHEERAN.

262, Portland Road,
London, S.E.25.

NOTICE

GUY'S HOSPITAL MOTORING CLUB

March Hare's Rally

There will be a car rally on 18th March, the start is near Banstead, Surrey (170/264591½), at 4 p.m., and it will finish fit the "Fox and Hounds," Westerham (171/470520). Maps 170 and 171 will be required as well as the usual navigational aids including average speed equipment. The distance to be covered is approximately 90 miles.

All students and ex-students are welcome. Further details from the Hon. Secretary, c/o Front Lodge.

GUY'S HOSPITAL DEBATING SOCIETY

On Friday, 17th February, the Vice-President's Night Debate was held in the Anatomy Theatre. About 70 members were present to enjoy four very entertaining and light-hearted speeches. The motion was: "It is better to have pictures on the wall than bacon on the breakfast table".

Proposing the motion Professor Haslewood considered bacon as a symbol of material luxuries, whereas pictures represented everything which had a spiritual value. He maintained that material luxuries, which were so abundant today, had failed to bring the happiness expected of them. He called for a vote in favour of spiritual values. He concluded a very forth-right yet amusing speech by producing a framed drawing which was scrutinized by the opposers.

Dr. Gent, in reply, gave a very humorous, detailed analysis of the words of the motion. He suggested to the House that the word "bacon" immediately brought to mind that great writer Francis Bacon, and he would much prefer to read one of Bacon's great works at breakfast than gaze at an unspecified "picture" on the wall.

Speaking third, Mr. Sullivan gave an extremely entertaining speech with a distinct "Scottish" flavour. He reminded the House that many thousands of years ago two great Scottish philosophers, McAristotle and MacSocrates, had debated whether to shoot a haggis for breakfast or whether to paint a picture. They had decided on the latter course and since that day Scotland had produced many famous artists, amongst them Annigoni, whom everybody knew to be the son of Annie Laurie.

Mr. Salmon spoke with his usual eloquence. He had heard that one never knew whether Professor Haslewood was pulling one's leg or not. He gave some examples of such occasions, notably the professor's lecture references to Dalmatian coach hounds, and he felt that this was one occasion when the professor was surely pulling the legs of the members.

Nine members spoke from the floor of the House. The motion was carried by the small majority of two votes. The President, on behalf of the members, thanked the speakers for a most enjoyable evening and an excellent lesson in good debating.

D.K.C.C.

GUY'S MEN IN BANGKOK

Dr. R. S. Bruce Pearson writes :

In December last I visited Bangkok on my way to Hong Kong and enjoyed the hospitality of old Guy's men in that friendly capital. I thought your readers might be interested to hear something about them and their work. There are at least ten Guy's doctors in Bangkok; no other London Hospital approaches this number.

I was invited to the Chulalongkorn Hospital where I was most kindly welcomed by the Dean, Professor Kashetra Snidvongse a graduate of Durham, and Dr. Atasit Vajjajiva, recently of Guy's. After an excellent lunch with a number of the hospital staff, I was shown a series of cases, including an obscure thoracic tumour in a young woman, a case of Thalassaemia with chronic renal disease and one of liver absess. Among those who discussed the cases were Dhavi Tumrasvin, Professor of Medicine, and Smarn Muntraporn both Guy's men. The latter has recently set up a unit for open heart surgery, and is well known among the European community and Thais for his surgical skill.

Before I left I was entertained to a splendid Chinese dinner by a number of the Guy's community, including Kasarn Chartikavanij the director of the Siriraj Hospital and Senior Chest Surgeon, Kalaya Kitiyakara and Lim Koonvisal also chest surgeons at Siriraj, Professor Dhavi, Atasit Vejjajiva and P. Buri. I was particularly delighted to have a chat with Kasarn Chartikavanij, with whom I used to play tennis at Guy's in the thirties. All Guy's men would have been proud to realise the great affection in which the hospital and its staff are held, and the realistic appreciation these men have for it as an undergraduate training centre. The high proportion of thoracic surgeons is not only an indication of the frequency with which advanced tuberculosis is encountered in Siam, but may also be taken as a special compliment to Sir Russell Brock.

It was an extremely pleasant experience to find in a country so different from England, and with which there are no direct ties (other than those of S.E.E.A.C.), such a strong bond of friendship as was offered to me by the community of Guy's men.

OBITER DICTUM

Mr. J. B. BLAIKLEY, Clinical Lecture.

" It is not easy to do rectal examinations on monkeys."

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SPORT

Hospitals' Rugby Cup—Second Round Replay

Guy's v. St. Bartholomew's

Result—Guy's 8, St. Bartholomew's 0.

It was a day of glorious sunshine with scarcely any wind when Bart's kicked off into the sun for the replay of the second round in the Hospitals' Cup. A Guy's player was unable to hold the ball and from the ensuing scrum English was caught off-side. However, Stevens fluffed the attempt at goal from 40 yards, and Pagliero put Guy's on the attack with a long kick to touch. Bart's tried to get their three-quarters going but hard clean tackling by the Guy's backs had them constantly worried. From a line-out Treadwell booted the ball through cleverly and took play to five yards from the Bart's line. Back came Bart's when Niven made a beautiful mid-field break and with two players next to him it seemed that he must score but he stumbled and lost the ball and five certain points. From the scrum Egwuatu was given the ball and after a good run was forced into touch near Bart's twenty-five.

Guy's now began to dominate the game. The backs were given the ball with machine-like precision and the spectators were treated to really superb and exciting three-quarter play. Boyd, always cool, was putting in beautifully controlled diagnonal kicks for his wings and with the straight running centres Bart's were constantly under pressure. Cooke and Blackwell were getting through a lot of hard work in the tight. English and Lloyd-Edwards were always prominent with good covering and tackling in defence and some splendid backing up in attack. Somehow Bart's defence held out and when half-time came there was still no score.

From the kick-off Blackwell gathered the ball remarkably well and went thundering 40 yards into Bart's territory before being tackled just short of the line. The game immediately took on a similar pattern to the first-half. Treadwell was winning most of the scrums and Harris was getting the ball back with Claassen-like ease from the line-outs. The backs were being fed and the variation in attack was constantly testing the Bart's defence.

Finally, the expected break through came when Wright swerved crisply past his man to give Bryant the half berak. This player jumped neatly inside his centre and then swung outside the hands of the covering Jennings to give the ball to Biggs who left the Bart's full-back clutching air as he went over to score near the posts. Pagliero made no mistake with the conversion.

Play was now moving in a most exciting manner from one side of the field to the other. The forwards were having lovely interpassing movements and the individual also shone. First Cooke picked up from the base of the scrum for a thirty-five yard run, then the massive Harris battered his way through to near the Bart's line. Finally, Egwuatu took the ball and from a seemingly impossible position went over near the corner with three Bart's players trying vainly to stop him. Pagliero was wide with the conversion.

All Bart's could do now was to plug the touch-line. Numerous penalties in their favour helped them.

Somehow the Bart's defence prevented any further score and when the final whistle blew Guy's were still attacking strongly.

To sum up. This was a good example of perfect cohesion between forwards and backs. The forwards supplied the ball constantly and the backs played disciplined, faultless rugby throughout the game.

Team ; M. Pagliero; E. Egwuatu, C. Wright, J. D. Bryant, D. A. Biggs; N. Healey, M. Murray; A. C. Knight, W. T. Treadwell, J. Hockey, B. Blackwell, P. Harris, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English (capt.).

FULL AND HALF BLUES, 1960-61

The following awards have been made by the Blues Committee:—

Cricket	G. W. Cook	Full Blue
	I. Gibson	Full Blue
	Z. Cader	Full Blue
	T. Huins	Full Blue
	P. Sievers	Full Blue
	J. Norman	Half Blue
	M. Williams	Half Blue
	R. Trevelyan	Half Blue
	H. McGreggor	Half Blue
Fencing	E. H. Harley	Half Blue
Shooting	D. Boulton	Full Blue
	M. Thompson	Half Blue
Sailing	P. Bloor	Full Blue
	R. Heath	Full Blue
Swimming	D. Lynn	Half Blue
	D. Barnes	Half Blue
Golf	J. A. Smith	Half Blue
	C. Quick	Half Blue
	P. Sievers	Half Blue
Athletics	D. Walters	Full Blue

RUGBY

Guy's v. Aberavon

At H.O.P. 18th February, 1961

Result—Lost 33-0

Bringing one of the best club sides in the country with them to Honor Oak Park, Aberavon played some magnificent rugby in the later stages of this hard and fast game, and eventually won by six goals and a penalty to nil. The full-back, R. Hopkins, contributed 15 points with his immaculate kicking, most of the conversions being taken from wide out near the touch-line.

The Hospital must be critised for giving away at least two tries by avoidable mistakes and allowing another through hesitant tackling. The remaining tries were the result of brilliant teamwork by a faster side which was superior in handling, running, passing and supporting the man with the ball. On the credit side Guy's must be congratulated on the performance put by the pack, particularly in gaining po ession in the tight. As a result the game was even from a territorial point of view, and it was thrilling to see an Aberavon pack being pushed backwards on occasions, to see Guy's gaining the ball against the lead, and to see the pack tearing away with the ball at their feet after a wheel. Any side that can perform like this against a powerful Aberavon pack need have no fears as regards play in this department. There is room for much improvement, however, in supporting one another both in attack and defence on the unorthodox or more open occasion.

In the opening minutes of the game an Aberavon attack on our line was thwarted by Guy's gaining possession at the vital moment, and a long relieving kick by Boyd pushed them back into their own half. Play then remained between the 25 yard lines for the next thirty minutes and neither side had the upper hand. Any attempted attack by our opponents was overcome either by good spoiling tactics around the blind and open sides of the line-out or by first-time tackling in the centre. Neither Biggs nor Egwuatu gave anything away on the wings and both did some valuable covering. In attack some well placed short kicks by Bryant almost had Aberavon in trouble, and once Biggs snatched up a dropped pass and sped towards the line, the ball then passing through four or five pairs of Guy's hands before the movement came to an end near the Aberavon posts. Ivanans was only a few feet wide with a drop kick a few moments later. After 30 minutes, however, Aberavon broke away from a loose scrum on their 10 yard line, the ball going out to their left flank and their passing in again to the forwards for O'Connor to go over, the goal being converted by Hopkins.

From the kick-off Blackwell set a fine example, as he did all afternoon, by following the kick well, and he almost succeeded in breaking away on a number of occasions. Knight was seen in ferocious play in the loose mauls and all the forwards were strongly in support.

Half-time score 0-5.

The pattern of play in the first twenty minutes of the second half was much the same, but then the landslide started. Five further tries were scored, but it should be emphasised that Aberavon never gained territorial advantage, due largely to sensible tactical kicking by our halves and full-backs. Most of the tries came following breakaway Aberavon movements from loose scrums, involving their backs strongly supported by the loose forwards. Time and again our three-quarters were faced with tackling supporting forwards and our opponents always seemed to have an overlap. Valiant defence by Murray and our back row was not enough to stem the tide, and although Pagliero's positional play and touch kicking was good, he was often faced with defending against three or four opponents.

Perhaps in defence our back line might have reorganised themselves more quickly and positively after set movements, in order to cope with the unorthodox attack; they could also have supported each other more in their own attacking movements. Both Boyd and Murray could initiate more unexpected attacking moves and, as always, backing up by forwards is essential.

We were soundly beaten by a very good side in this game, but should not be despondent for there was much good play in the Guy's side. One never fails to learn from opponents such as Aberavon.

Team : M. Pagliero; E. Egwuatu, J. D. Bryant, P. Ivanans, D. A. Biggs; N. Boyd, M. Murray; A. C. Knight, W. T. Treadwell, A. Fisher; B. Blackwell, P. Harris, C. Evans, D. R. A. Lloyd-Edwards, T. A. H. English (capt.).

SOCCER

Guy's v. London Hospital

At Leyton 1st February, 1961

Result—Lost 1-4

As has happened repeatedly this season, Guy's failed to take the many scoring chances offered and as a result, after having seventy-five per cent of the play, lost by the decisive margin of 1-4 to a moderate London Hospital side.

The game started well for Guy's, Landers receiving the ball on the right-wing, beat two defenders and running strongly, scored with a low shot to the far corner of the goal. This early lead was soon erased; the London inside-right, A. Richie, scoring two goals in the same number of minutes. Having learnt an expensive lesson, Guy's defence tightened up, but the wing-halves never got a grip on the energetic London forward line, and only some superb saves by G. Parry in goal, prevented the London increasing their lead.

After half-time Guy's pressed hard, the half-backs now supporting the forward line. Landers went close with a shot which hit the upright with the goalkeeper beaten; the same player, receiving a pass from J. Gibson, crossed the ball low and hard from the right-wing in front of an empty goal—but one more chance was frittered away. With Guy's defence caught out of position, A. Ritchie scored well. Five minutes later, bad marking led to a fourth London goal.

In extremely heavy conditions, Guy's played some attractive soccer, and if the team had made good the promptings of I. Gibson in attack, and V. Holden and J. Cochrane in defence, the result could have been reversed.

Team: G. Parry; P. Sheridan, V. Holden; A. Winchester, J. Cochrane, F. McGinn; W. Landers, R. Shepherd, I. Gibson, N. Trayfoot (capt.), B. Mason.

HOCKEY

Guy's v. Sevenoaks

Away Result—Lost 4-3

A curious game this, very. It had been raining hard since lunch time and we all felt that cancellation was inevitable, but we called its bluff in true British tradition and changed. The weather relented and allowed us a respite for the game. Their captain had difficulty in persuading the groundsman to let us play; the water fountained out of the goal post holes as the goals were put up.

In the first half, Guy's were at a disadvantage playing uphill on a very wet surface into the sun. The teams were well matched but although we scored the first goal we were 4-1 down at half-time and it might have been 6-1 but for two lucky saves.

In the second-half, after a good dressing down by the captain, the team pulled together and scored twice and were unlucky not to win.

This was a very pleasant gentleman's fixture in delightful country. On the pavilion shower bath wall it said: "Please pull the curtain".

SQUASH

Cumberland Cup

Guy's v. Middlesex Hospital

21st February, 1961 Result—Won 3-2

D. Richmond lost to M. Kingston 2-3.
M. Blake lost to N. Bass 2-3.
G. Davies bwat G. Tennant 3-1.
P. Sievers beat T. Habanananda 3-2.
D. Hall beat J. Fixen 3-1.

Guy's v. Bank of England "A"

2nd February, 1961 Result—Won 5-0

Guy's v. R.A.F. Cranwell

18th February, 1961 Result—Won 5-0

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the locum appointment of **Registrar in the Department of Psychological Medicine** (two-thirds of the time will be spent with children), with duties to commence as soon as possible until 30th September, 1961.

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **25th March, 1961.**

Applications are invited for the post of **Junior Lecturer (part-time) in the Departments of Anatomy and Physiology** with duties to commence as soon as possible until 30th September, 1961. Salary is in the scale £950x£50 to £1,150 plus £60 London Allowance.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, S.E.1, not later than **18th March, 1961.**

Applications are invited for the post of **Junior Assistant to the Director of the Department of Medicine,** the appointment to commence as soon as possible until 30th September, 1961. Salary is in the scale of £1,050 x £100 to £1,250.

Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital Medical School, S.E.1, not later than **18th March, 1961.**

JUNIOR STAFF APPOINTMENTS

1960-1961

The following appointments have been made since the list of Junior Staff Appointments was published.

Senior Registrar in Diagnostic Radiology
Dr. A. G. Giddins.

Part-time Registrar in Conservative Dental Surgery
Mr. A. N. Greenwood

Senior Registrar in Clinical Pathology
Dr. P. D. Griffiths

Medical Registrar
Dr. R. K. Knight

Part-time Registrar in Venereology
Dr. I. S. Moss

Sebior Registrar in Thoracic Surgery
Mr. A. G. Norman

Junior Medical Registrar
Dr. J. Payan

Junior Medical Registrar
Dr. A. T. Piesowicz

Registrar in Clinical Pathology
Dr. J. J. Rippey

Registrar in Diagnostic Radiology
Dr. E. J. Roebuck

Registrar in Clinical Pathology
Dr. W. A. G. Roper

Part-time Registrar in Conservative Dental Surgery
Mr. P. J. Stubblefield

Trainee Registrar in Department of Diagnostic Radiology
Dr. J. O. Taubman

Registrar in Endocrinology
Dr. J. A. P. Trafford

Part-time Registrar in Dental Prosthetics
Mr. R. M. Watson

Part-time Registrar in Venereology
Dr. T. E. T. Weston

Senior Registrar in Clinical Pathology
Dr. D. N. Whitmore

All these appointments are for the period ending 30th September, 1961.

CHARLES FORSTER PRIZE IN CARDIOLOGY

February, 1961

The following award has been made:—

R. N. Maini—Prize.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists F.F.A.

January, 1961

F. C. Shelley.

F.D.S.

February, 1961

A. J. Chapman.

NURSING NEWS

Entered:
Staff Nurse J. Copping to *Nuffield C.*
Staff Nurse I. Keyter to *Nuffield B.*
Staff Nurse K. Jones to *Evelina.*

Left:
Staff Nurse S. MacDonald from *Theatres.*
Staff Nurse M. Ballamy from *Bright.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Baker, R. W. R. and Macdonald, I. Liver and Depot Fatty Acids in Kwashiorkor. *Nature*, 1961, **189**, 406

Blackburn, Guy and Salmon, L. F. W. Cord Movements after Thyroidectomy. *Brit. J. Surg.*, 1961, **48**, 371.

Calne, R. Y. Observations on Renal Homotransplantation. *Brit. J. Surg.*, 1961, **48**, 384.

Camm, L. and another Estimating Haemoglobin in General Practice. *Med. World*, 1961, **94**, 114.

Crisp, E. J. "Flat Feet" and "Metatarsalgia". *Med. Pr.*, 1961, **245**, 131.

Foxon, G. E. H. Some Uses of Thorotrast. *Med. biol. illus.*, 1961, **11**, 22.

Hill, Marjorie J. and McColl, Ian. The Use of Ultrasound in Diagnosis. *Med. biol. illus.*, 1961, **11**, 27.

McDonald, Robert. Accidental Poisoning in Children in Cape Town, with Special Reference to Kerosene and Salicylates. *Sth. Afr. med. J.*, 1961, **35**, 21.

McGregor, Donald. Distribution of Pubic Hair in a Sample of Fit Men. *Brit. J. Derm.*, 1961, **73**, 61.

McLean, John W. Physical Properties Influencing the Accuracy of Silicone and Thiokol Impression Materials. *Brit. dent. J.*, 1961, **110**, 85.

Parks, A. G. Pathogenesis and Treatment of Fistula-in-Ano. *Brit. med. J.*, 1961, i, 463.

Ribeiro, Ayres L. Medico-Scientific Appreciation and Understanding of Art. *Med. Proc.*, 1961, **7**, 13.

Schurr, Peter H. Cerebral Surgery. *Nurs. Mirror*, 1961 (3rd February), **111**, v.

Warren, P. J., Earl, C. J. and Thompson, R. H. S. The Distribution of Copper in Human Brain. *Brain*, 1960, **83**, 709.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

WANTED IN HARLEY STREET by Guy's Dental Surgeon, nice room and office. No N.H. Box No. 258.

DENTAL ASSISTANT—with prospects—large partnership practice. Senior retiring. 647, London Road, Westcliffe-on-Sea. Tel. Southend-on-Sea 44844.

FATHER, SON, partners old established family dental practice require dental surgeon as assistant, view partnership, modern equipment, Brighton. Box No. 259.

SOUTH LONDON, UPPER NORWOOD. Assistant Dental Surgeon wanted from May. All mod. cons. to facilitate good work. Box No. 261.

THERE IS A VACANCY for a young man to become an assistant to two young principals in a busy Dental Practice situated in Dorset, nr. Bournemouth. This post might be of interest to a man about to qualify or about to complete National Service. Box No. 262.

ASSISTANT MALE wanted, car owner, Salary £1,500 p.a. inclusive. Apply, Dr. Guyer, 9, Victoria Grove, Southsea, Hants.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

BIRTH

LEES.—On 13th November, 1960, at B.M.H. Rinteln, B.A.O.R., to Romola (nze Hatch), S.R.N., and Lionel Lees, M.B., B.S., a daughter (Sarah Amanda).

DEATHS

HARRISON.—In January, 1961, Sydney Harrison, L.D.S., R.C.S., of St. Albans, Herts. Aged 90 years.

LAVER.—On 11th February, 1961, Charles Hardiman, F.R.C.S., of Chineside, Canford Cliffs, Bournemouth.

MANN.—On 18th February, 1961, Harold Charles Corry, O.B.E., M.D. (Lond.), M.R.C.P., of Junior Carlton Club, Pall Mall, S.W.1.

IN MEMORIAM

In loving memory of John Garvin Stebbing, M.B., B.S., on this his Birthday, 12th March.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1896 25*th March* 1961 *One Shilling*

PASSIM

THE move to New Guy's House is under way and, ironically, the first wards to be in full use are at present medical rather than surgical.

The transfer to the new surgical building has been planned with military precision to extend over a ten week period ending early in May. By that time the new theatres will have been brought into use one by one, and the casualty service and take-in firm should be fully established.

Leaving the wards of Old Guy's House will be a nostalgic occasion for many who have worked there. However much the new, bright and efficient wards may attract, the elegant proportions and fine floors of some of the old wards of Guy's House occupy too many life-times to be forgotten quickly. Their demise will be slow for as the surgical cases leave, medical ones will arrive from Hunt's House. All the upper wards of Hunt's House, less *Caleb* and *Diplock*, will be moved to allow the rebuilding of the main staircase which was destroyed by bombing. *Victoria* will be transferred to New Guy's House, as also will some of the physicians' beds; the rest will have a short stay in Old Guy's House. It will not be until all the medical beds are back in Hunt's House that the surgeons will have their full complement of beds in New Guy's House.

It is heartening to hear that the reason for confining improvement of Hunt's House to a minimum is that the building is likely to be declared uninhabitable (even for housemen) and beyond useful repair in a decade or so. When that does occur and the Tower Block is erected on the land in front of New Guy's House, we hope that the clamour for floor space from the various departments will not be so great that Hunt's House is retained as an inadequate, inefficient stop-gap solution. If the building eventually is pulled down, the Park—one feature of Guy's no other London hospital can rival—could be extended to become a great asset to the Hospital and to the Borough. Everyone will hope that this may be possible.

The St. Thomas's cannon arrived at Richmond with a bang, was captured by Guy's, transported to Guy's, cemented at Guy's and painted in Guy's colours in glory. It returned to St. Thomas's the following day with a whimper. It was a feeble ending to a finely devised and executed campaign, and many must have wished with us that the cannon in its new finery might have remained in the Park.

One can appreciate that the authorities who ordered its immediate return were anxious to avoid reprisal at night that would disturb the patients. But we cannot help wondering how much they were influenced by the behaviour of a section of the battlers. We deplore, with the correspondent in this issue, the fact that the non-participating and unarmed general public should have suffered. It is unfortunate if non-partisan rugby lovers, parents and families cannot buy themselves protection by sitting in the stand. Let us hope that in future years there will be some immunity granted. It was the only blot on a great Guy's day—the Rugby cup for the first time in thirteen years and a toy piece to go with it.

As there is to be no ball in the Festival Hall this year, the Residents' Ball on 26th May should be better patronised than usual. The venue has been changed to Grosvenor House, Park Lane, which with the band of Laurie Payne should be an improvement. The title *Residents'* Ball is misleading ; whilst housemen, ex-housemen and we hope more senior staff will be present in large numbers, any people at Guy's are welcome including students. The cost of the double ticket is £4 10*s*. 0*d*. which includes a full dinner.

IN BRIEF :

Professor J. H. Burn, F.R.S., has been elected to an Emeritus Fellowship of Balliol College, Oxford.

Mr. J. Wilks has been appointed consultant general surgeon to the Bolton and district hospitals.

As a result of the recent L.R.C.P., M.R.C.S., examination, the Handcock Prize of the Royal College of Surgeons has been awarded to H. M. Devereux. This is the third time in the last two years that the prize has been won by a Guy's student.

A mouse has been seen at the top of New Guy's House; it was laughing.

GUY'S DIARY

MARCH			Exhibition. *Surgery of the Neck.*
27th	M	1.00	Professor Vernon B. Mountcastle, M.D., of Johns Hopkins Hospital. Clinical Lecture. *Sensory Localisation in the Cerebral Cortex.*
APRIL			
7th	F	1.00	Dr. MacLean. Clinical Lecture. *Corticosteroid Therapy.*
8th	S	10.00	Surgical Departmental Round in the Clinical Theatre conducted by Mr. P. F. Phillip of the Charing Cross Hospital.
10th	M	1.00	Mr. Lewis. Clinical Lecture.
11th	T	1.00	Mr. Blackburn. Clinical Lecture. *The Hours of Darkness.*

NOTICES

The Chapel

The Chaplain would be most grateful for gifts of flowers for the decoration of the Chapel for Easter Day. They should be sent to the Chapel on Friday or early Saturday morning. White and yellow flowers are most suitable.

Guy's Alumni Luncheon

The Guy's Alumni Luncheon will be held at the Old Swan Hotel, Harrogate, on Wednesday, 21st June, at 12.30 p.m. for 1.00 p.m.

The cost of the luncheon, exclusive of wines, is one guinea. Applications for tickets should be forwarded to Mr. H. A. Stanger, 5, Ripon Road, Harrogate.

Fison Memorial Lecture

Professor W. M. Smart will deliver the Fison Memorial Lecture at 5 p.m. on Friday, 19th May ; the title of the Lecture is " Some Aspects of Cosmology."

Carbutt Memorial Lecture

Dr. Paul H. Wood will deliver the Carbutt Memorial Lecture at 5 p.m. on Tuesday, 30th May ; the title of the Lecture is " Physiology at the Bedside."

Residents' Play Records

Copies of the record are now ready for distribution, upon payment of £1. They may be collected from the College (J. R. Spurrell). No further orders can be taken, as all the records have already been ordered.

Royal College of Obstetricians and Gynaecologists

SCALA THEATRE—THURSDAY, 6th APRIL NEXT at 7.30 p.m.

A performance of " Breath of Spring ", a comedy to be performed by the Stock Exchange Dramatic and Operatic Society in aid of the Royal College of Obstetricians and Gynaecologists Endowment and Research Fund. Tickets may be obtained from Mr. Goodliffe, Appointments Bureau, Medical School, Guy's Hospital.

Guy's Hospital Dental School

Annual Clinical Meeting, 4th March, 1961

The weather as usual for the "Clinical day", was brilliant and the large numbers of old Guy's men and visitors must have found it difficult to overcome the attractions of a day in the country. This year they were met by a wide variety of table demonstrations, operations on patients, clinical cases under treatment and cinematograph shows. Undoubtedly much work had gone into all the exhibits but, to mention but one from each floor, that of Mr. A. H. R. Rowe and Mr. W. C. McLachlan on "Root Canal Therapy", "Studies in Sensation in Human Teeth" by Mr. M. N. Naylor, and Miss B. A. Jennings' on the interpretation of radiographs, seemed to attract particular interest. An innovation in treatment was the demonstration by Mr. J. O. Forrest of scaling with an ultra-sonic unit.

The morning lecture given by Mr. B. W. Fickling of the Royal Dental Hospital and Mount Vernon Maxillo-facial Centre was on "Surgical Emergencies in Everyday Practice". Although these may be rare in a Guy's practice, the lecture proved to be extremely popular, being presented in a clear, precise and entertaining manner.

There was, perhaps, more of a holiday atmosphere this year than usual, caused in part by the weather, by a Services rugger match in the afternoon and by the fact that many appeared to be chewing gum, fluoridated and otherwise.

R. D. E.

The Dental Society Dinner

"Quite frankly, the only reason they all turn up for the clinical meeting, is because of the dinner in the evening" said the dental houseman as he had his pre-dinner sherry in the bar of the Park Lane Hotel. He was probably wrong, but the dinner this year was so very pleasant that no one to whom his remark applied could be blamed.

When the time came for speeches, all were well dined and wined. The Vice-Chancellor of the University, Doctor C. F. Harris, opened them with a toast to "Guy's Hospital and Schools". As a Bart's Physician, his tribute was a generous and warm one. He told an allegorical tale of a time when Guy's moved from The Borough, yet remained a service to the community solely by the loyalty of its members to the various hostelries. In fact "If Guy's didn't exist it would be necessary for someone to invent it". Mr. J. W. Mansie replied and his own enjoyment soon communicated itself to the

audience. "I expect you want to know about the new dental building" he said,—"we all do." He prophesied that it would be an annexe to the paediatric research unit on the top of a skyscraper so it would take half a day to reach it and the rest of the day to get down.

The toast to the visitors by Mr. W. J. Tulley was a most elaborate and witty *tour de force*. Many of the visitors must have been thankful that Air Vice-Marshall Scoggins, Head of the Dental Branch of the

The President Mr. A. J. Bridge greeting Professor Fenn

R.A.F. had been nominated to reply on their behalf. Mr. A. C. Campbell spoke of the personality and qualities of the Society's President, and asked the company to rise and drink the health of their President Mr. A. J. Bridge. Mr. Bridge replied ; the secretary of the society Mr. P. J. C. Hargraves gave his report, and the fifty-fifth annual dinner of the Dental Society was over.

"No, honeshly, honeshly," said the dental houseman in the bar afterwards "the only reason they all even up for the clinilinical meeting is for the dinner in the turning." And at the end of such an evening who could blame him ?

M.

The Dental Society Dinner, March, 1961

OBITUARIES

H. C. C. MANN, O.B.E., M.D., M.R.C.P.

Corry Mann qualified in 1903 and after holding a number of appointments at Guy's, including that of medical registrar, he was appointed to the staff of the Evelina Hospital.

His best known work was upon nutritional problems in children, and the prevention of rickets. His finding that a diet supplemented with additional milk was associated with increased weight, gain and growth, was one of the main pieces of work which led to the adoption of the school milk service.

R. A. MOORE DYKE, M.R.C.S., L.R.C.P.

Contemporary old Guy's men in England will be grieved to hear of the death of Dr. R. A. (Pom) Moore Dyke in hospital at Johannesburg on 25th February, after a long and distressing illness borne with the stubborn courage which was an integral part of his character, and during most of which he insisted on working.

Ronald André Moore Dyke was born on the medical missionary station at Bute Buta in Basutoland, the youngest son of the late Dr. and Mrs. Dyke. He came to Guy's from Kingswood school, Grahamstown at the end of the Kaiser's War. He held the appointment of House Physician at Ipswich and East Suffolk hospital before returning to South Africa, where he commenced to practice as an anaesthetist, the first to do so in the Eastern Province and, one believes, in the Union. As consultant anaesthetist to the Port Elizabeth hospital, he was regarded as the senior specialist in that field in the country.

He commanded a field hospital with the South African Medical Service in Somaliland, the Western Desert, Sicily and Italy, and was mentioned in despatches for conspicuous service in the field.

In 1959 he came to England after representing South Africa at the international conference of anaesthetists in Europe, and did some work with Professor Macintosh at Oxford. He occupied the Chair on the day the Soviet delegate read his paper. One of the few linguists in Russia he addressed the Conference in French, which was a natural language to Pom Dyke. He retained his love of the Guy's tradition until the end of his life, and entertained with great hospitality all old Guy's men visiting South Africa. As President of the Port Elizabeth Club he gave a dinner to Sir John Conybeare, Sir Robert Macintosh, and Mr. W. D. Doherty to celebrate their joint visit to the Union.

Imbued with the glamour of the great Doherty—Van Schalkwyk days of Rugby in the early twenties, he joined the Crusaders Club in Port Elizabeth, and from that founded The Pug's club with the ideal of training young players in the best traditions of Rugby football he had learned at Guy's. He has been its only president.

He was always very proud of being a member of the "Vine Street Club", a distinction conferred on revellers who had spent a night in that departed but illustrious police station of the wild twenties. He had scaled the heights of Eros and placed a bowler hat thereupon, from which point of vantage he argued with a posse of nine policemen waiting for him in the fountain's trough below.

Ronald Dyke was a bachelor of the highest integrity, unbounded generosity, possessed of a completely honest, shrewdly logical mind. His sardonic humour, dry wit, warm friendliness, and simple charm won the respect and affection of all who worked with him and were privileged to know him. In him were combined the valour of Britain and the chivalry of France, "A very parfit gentil knighte". Our sympathy goes to his sister, Miss Mary Dyke, who lived with him, and his family in South Africa.

C. H. E.

HOSPITALS RUGBY CUP FINAL

Guy's v. St. Thomas's

At Richmond. Result—Won 9-6. 8th March, 1961

This was Guy's day. With St. Thomas's tipped as strong favourites for the cup any victory would have been great, but this with opponents not only outplayed but totally demoralised, this was victory indeed.

Playing into the sun, Guy's started sluggishly and soon found themselves in trouble within their own 25; defending desperately against confident opponents they were ably supported by Pagliero, whose positioning matched his unruffled fielding and kicking. All too soon a penalty saw Boggon kick a fine goal from some 30 yards out and minutes later St. Thomas's were attacking again. Next, a kick ahead to the right caught Guy's defence on the wrong foot and enabled O'Brien to score in the corner.

Six points down in six minutes did not seem to augur well for Guy's. St. Thomas's supporters were jubilant and it looked as though the prophets would be correct. From now on, however, Guy's took charge of the game and from being penned in their own half they were suddenly well up-field probing St. Thomas's defence.

It was clear that Guy's pack had the measure of their opponents: the incredible hooking of Treadwell, aided by Hockey and Knight, meant that Guy's had the ball from the tight, and Blackwell and Harris usually collected it from the line-outs. Add to this the back-row of Cooke, English and Lloyd-Edwards, and it is small wonder that St. Thomas's were overrun. In the line-outs the excellent packing saw that St. Thomas's could never break through, whereas Guy's did so whenever they chose. This supremacy showed again when several attacking moves were initiated by well-controlled wheels throughout the game.

With their almost constant possession of the ball, Murray and Boyd, working to plan, took Guy's up the field by brilliant use of the touch-line. Time and time again the ball was perfectly dropped just over the line to gain valuable ground and instead of the dullness which might be expected from such tactics there was a fascination in the repetitive ruthless accuracy of these kicks.

Half-way through the first half Biggs put over a penalty from the 25 to open the score for Guy's, and later, when St. Thomas's fell offside in front of their posts he kicked another to equalise.

Half-time score 6-6.

Things now looked better for Guy's but there was still time for a mistake to lose the match. The same tactics were employed and the full effect of remorseless and relentless kicking was seen. With the pack in absolute control, kicks ahead and to touch brought Guy's within St. Thomas's 25, and well-judged corner kicks by Boyd gave wings Biggs and Egwuatu chances which they never failed to take. Egwuatu obviously surprised the defence by his ability to continue

at full speed with two or three men hanging on to him, and he often came within yards of scoring.

The decisive try came early in this half when Boyd took a drop at goal which swerved to the left: Biggs in full flight collected the ball and flashed over the line to score.

With the agreed plan in action, the able centres Bryant and Wright of necessity saw little of the ball in attack; they had a vital role to play however, and deserve praise for their patient covering and speedy action when the need arose. It was mainly their strong first time tackling which so effectively put the St. Thomas's backs out of action as an effective unit.

Towards the end of the game St. Thomas's managed to get into Guy's half and looked dangerous when awarded a scrum in front of the posts. Fortunately the ball did not go in straight, and from the ensuing penalty Guy's cleared well and were soon threatening again at the other end of the field. The last few minutes of injury-time—happily these were no real casualties—seemed an age, but eventually the whistle sounded with the score 9-6.

Guy's have surely never played better and thoroughly deserve every congratulation.

Team : M. Pagliero; E. Egwuatu, C. Wright, D. Bryant, D. A. Biggs; N. Boyd, M. Murray, A. Knight, W. Treadwell, J. Hockey; P. Harris, B. Blackwell; A. Lloyd-Edwards, S. Cooke, T. English (capt.).

THE RAPE OF THE CANNON

(*Richmond* '61)

With a cheer and an unwilling member of the Works Department two lorry-loads of Guy's men left Great Maze Pond, surrounded by a fantastic armament that was a visual tribute to Edward Chater's organising ability.

This early start served the double purpose of staking a claim on the field of battle, and making the journey of later travellers a comparatively easy one, for they had only to follow the patches of white dental plaster thoughtfully left for them.

At Richmond, with water-tubs replenished, and thirsts quenched, they waited impatiently for the opposition. Time crept on, lightened only by the arrival of an ambulance which spewed forth reinforcements rather like a mobile version of the Black Hole of Calcutta.

At last the first of Tommy's lorries charged into the ground, sent in, it was supposed, to exhaust the fury and missiles of the waiting mob. This, thanks to Mr. Chater's firm belief in quantity, it did not do. The resulting battle for possession of the vehicle was worthy of a wide screen, the St. Thomas's men fighting with a commendable, if somewhat hopeless courage. Finally, the Cannon made its entrance, and upon it was turned the full fury of the Guy's force.

The full details of the ensuing battle were lost in a white haze, damped only slightly by showers of purple dye. One remembers the look of horror on one man's face, as he watched his trouser legs

disappear in opposite directions, and was thankful that at least the fellow had a decent covering of dental powder.

Suddenly, the cry went up, "The Cannon's Ours," and indeed it was. With its precious cargo the lorry was driven the full length of the pitch, and then sped off towards London Bridge. Casual observers

Photo by] *[J. S. Gregson*

The Raping of The Cannon

were startled the next day by the sudden appearance of a cannon, resplendent in its newly acquired Guy's colours, firmly cemented in the Park.

What followed at Richmond is commonly called, I believe, "mopping up operations," here the phrase was only technically apt.

During the ensuing lull, Guy's won the Cup 9-6. The exultant crowd then turned their full attentions on the camera crews of A.T.V. television, goaded on by the stirring piping of the Major.

So ended Richmond '61. Over one hundred convictions followed.

B.J.B.T.

Our Military Correspondent said :

"This was, so to say, a valiant effort and/or victory. It remains for me to put you in the picture and to marry up the loose ends for all those who were not quite on the ball all the time. And so concisely, or should I say succinctly: first point (point number one) Intention: the intention was . . . . ."

The main points that emerged were :

The Guy's ammunition included 1½ tons of dental powder packed in 10,000 sweet bags, half a ton of rotten fruit, and five pounds worth of fireworks ; and was carried mainly on two lorries lent by Courage and Barclay Ltd. These were manned by about 400 supporters in battle order. St. Thomas's had two lorries also, allegedly bearing 20 supporters with several cc's of gentian violet and some drachms of sawdust.

The St. Thomas lorry bearing their cannon drove wildly round the field until stopped by a timely bucket thrown beneath the front wheel. The lorry was boarded and driven back to Guy's, where the cannon was cemented in position at the South end of The Park.

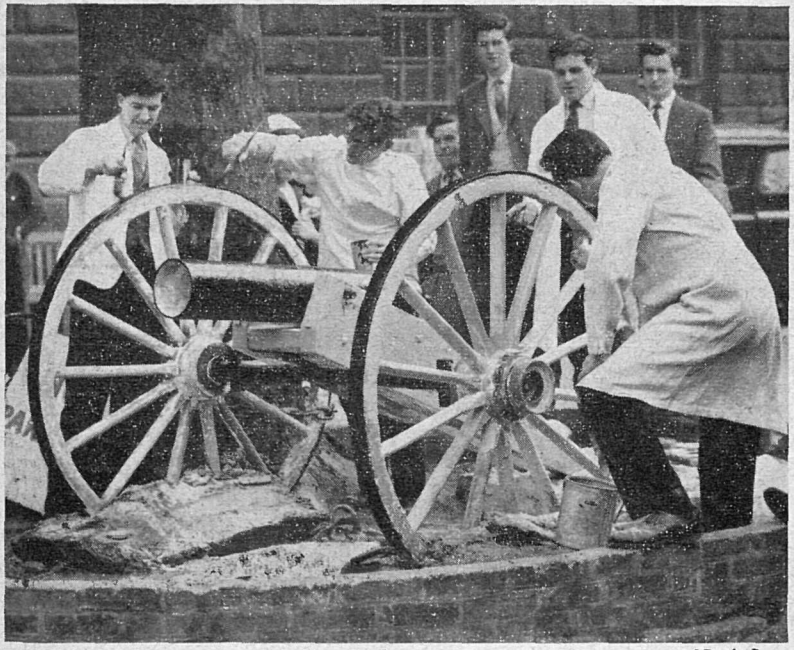

Photo by] *The Redecoration* *[B. A. Jones*

WHAT THE PAPERS SAID

Daily Telegraph :

Guy's sprang a surprise by winning the Hospitals' Cup at Richmond Athletic Ground for the first time since 1948, and thoroughly deserved to do so. Their forwards rose nobly to the great occasion, played better than they have done all through the competition, and their half-backs worked out the tactics of victory over the holders with relentless and accurate kicking.

Daily Express :

Biggs, with two penalties and an opportunist try had snatched the glory. But the powerful Eddie Egwuatu, on Guy's other wing, came within inches of scoring several times. It was Guy's day with their forwards fighting a tremendous battle in the loose.

The Times :

As always, and particularly where Guy's are concerned, the preliminaries to the match were violent and noisy. It was the Guy's pack who dominated the course of the match. Sometimes they were almost terrifying, and every single one of them played an heroic part, although it was as a convulsive yet coordinated unit that they did their damage. In tight, loose, and line-out they were dictators, as it were picking up their opponents, shaking them till their teeth rattled, and then throwing them away.

Daily Herald :

Guy's were good value for their win even if St. Thomas's did present them with six of their nine points by getting offside in the wrong place.

Derek Biggs, the type of three-quarter England need, kicked two penalty goals and scored the try.

Norman Boyd and Mike Murray combining well at half-back, were the other men behind Guy's victory. Their kicking must have taken all the heart out of the St. Thomas's forwards.

The Guardian :

Guy's denied St. Thomas's any worthwhile possession of the ball and with a pack in superb form throughout, they also protected any weaknesses that one suspected they might have had, and reduced St. Thomas's to a considerable state of disorder. In the set scrums they produced a concerted shove at exactly the right moment and Treadwell was able to outhook Drake-Lee; in the lines-out Harris, Blackwell, and Cooke entirely ruled the day; and breakaway forwards, English, Cooke, and Lloyd-Edwards, were almost lethal in their spoiling; and in the loose mauls and rushes the Guy's pack was ever present in solid depth.

Daily Worker :

The stubborn refusal of the employers to concede higher bonus payments to inspection staff brought six Rover factories to a halt here today and over 4,000 workers are out.

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REVIEWS

International Review of Neurobiology. Volume I. Edited by C. C. PFEIFFER and J. R. SMYTHIES. Academic Press, 1959. 383 pp. *Price* 80*s*.

This is the first volume of a new serial publication The Editors are psychiatrists with a strong preoccupation with biochemical mechanisms in mental illness. The choice of topics for review thus reflects the growing feeling among psychiatrists that, of all the diverse fundamental disciplines relating to cerebral function, neurochemistry and neuropharmacology are most likely to yield rapid advances in treatment. Thus of the eight reviews, six are predominantly pharmacological or biochemical. The other two comprise a lengthy essay in electrophysiology (the nature of electrocortical potentials discussed by D. P. Purpura) and an account of the rhinencephalon which attempts to integrate recent anatomical, physiological, biochemical and behavioural studies and is, not unexpectedly, difficult to understand.

Two reviews on central neurohumoral agents by C. O. Hebb and by C. C. Pfeiffer, provide good examples of clarity in thought and writing. The psychophysics of vision is a well-mapped field and provides an excellent approach for studying the effects of a wide variety of substances on processes of neural integration. Initial studies in this field are reviewed by G. W. Granger.

R. G. Heath, whose startling claims about the nature of schizophrenia have provoked much controversy, summarises the work of the Tulane University group. His article is followed by one from three Swedish workers claiming to confirm many of his findings relating to "Teraxein" and to have treated beneficially twenty-six (out of thirty) schizophrenics with a caeruloplasmin preparation. These two papers make exciting reading but should be received with caution, remembering the fate of most recent hypotheses about the biochemical nature of schizophrenia.

The final paper is by F. Georgi's Swiss group and summarises their studies on amine metabolism in schizophrenia and other illnesses which have been exacting and well controlled and, consequently, have not given rise to any startling claims.

This promises to be a most valuable series, giving the psychiatrist a summary of recent fundamental research likely to affect future thought and practice and helping the pure research scientist to survey the whole field of Neurobiology.

B.S.M.

Textbook for Dental Nurses. By A. LEVISON. 152 pages, 40 illustrations. Blackwell Scientific Publications. 1st Edition. *Price* 18*s*. 6*d*.

In writing this textbook the author set himself the difficult task of presenting a book of moderate size dealing with all aspects of the syllabus for the British Dental Nurses and Assistants Examination. He must be congratulated on the result.

The first few chapters deal with general and dental anatomy, physiology and bacteriology. The text throughout is clear and concise, though at times some of the facts stated are not strictly accurate. The diagrams in the chapters are small and often confusing. The reviewer feels that one or two diagrams from a standard textbook would be invaluable here.

The rest of the book very well instructs the dental nurse not only in her duties to the Dental Surgeon and patient, but also gives her a theoretical background to these duties. In addition chapters on such topics as caries, periodontology, oral hygiene and the prevention of dental disease gives her a greater insight into the work of the Dental Surgeon.

Though not included in the syllabus, a chapter on the care and maintenance of instruments would be most welcome, so that the seized handpiece and blunt chisel would be things of the past.

The reviewer welcomes this book, and recommends it to all present and would-be dental nurses.

P.W.

The Head, Neck and Trunk. By QUIRING and WARFEL. H. Kimpton. *Price* 24*s* 6*d*.

This is the 2nd Edition of a book that was first published in the United States in 1947 and had 6 reprints between 1949 and 1958.

It is a companion volume to one entitled the Extremities and consists of black and white line drawings of the muscles of the Head, Neck and Trunk. Each muscle is allotted one page and each diagram is devoted to one individual muscle giving the principal arterial and nerve supplies.

Underneath are condensed descriptions of the origin, insertion, function, nerve and arterial supply with references as to where more detailed information can be obtained in Gray's Anatomy and Cunningham.

This book is, I feel, of limited value to students in this country as it falls neither in a category that would fit in with the traditional method of teaching Anatomy to undergraduates nor is it really suitable for teaching surgical Anatomy. The only group to which it might prove of value is the post graduate student who already has a knowledge of Anatomy and requires a quick resumé of a particular muscle.

A.J.B.

Health and Hormones. By A. STUART MASON. Penguin Books. *Price* 4*s*.

Well written in a style resembling that of a series of short, snappy lectures this book makes enjoyable bed-time reading. Interest is kept up by the author—who obviously must have had vast experience with medical students—by many witty anecdotes. The illustrations also deserve special mention in this respect for they are clear, well drawn and very often amusing. The author deserves great credit for defining his audience so well and overcoming most of the problems which an expert, writing for the interested public, experiences.

However, hypochondriacs—be warned !

A splendid book for the layman. Warmly recommended to those wives and girl-friends who would like to be interested, and interesting to their medical males.

F.A.W.S.

Antisera, Toxoids, Vaccines and Tuberculins in Prophylaxis and Treatment. By H. J. PARISH and D. A. CANNON. E. & S. Livingstone Ltd. 5th Edition. Pp. 288. *Price* 37*s*. 6*d*.

Giving injections is usually a boring business and the reviewer has had more than his fair share of it in recent years. This book does little to enliven the subject, but when one is at a loss to know what to give, when and how to give it and what can go wrong after it is given it is comforting to have a reliable source of the relevant information. In this respect the book is the best of its kind and justifies a fifth edition. On rare occasions when the answer is not there the book almost invariably tells one where it can be found. Recent advances are well documented, and when there are grounds for differences of opinion both sides of the problem are fairly stated.

It is not a particularly readable book and is more in the nature of a lengthy practical handbook than a scholarly treatise. If the history of the subject is important it should be where it belongs—firmly planted in the text, not appended as an apologetic list in the last chapter together with photographs of sixteen famous men. Many of the figures in the text seem hardly relevant to a book of this kind. Does one really need to see a picture of a horse being bled from the jugular vein (Fig. 4) or the extraction of a bedraggled embryo from an egg (Fig. 22) ? Does Fig. 15, a double paged wall chart, do anything to illuminate what is already adequately described in the text ?

The general lay-out of the book is satisfactory, and it is possible to find what one wants without difficulty. An irritating number of words are enclosed in inverted commas—the "life" of a toxoid, a "pure" toxoid, a "purified" preparation, an "adequate" course of treatment—and the use of italics and heavy type to stress important topics somewhat random in its application. There are a few typographical errors, *e.g.*, the top line of page 252 is duplicated further down the page, but in general the proofs appear to have been carefully read.

This is not a suitable textbook for students but, as with previous editions, the reviewer has no hesitation in recommending it as a reference book. For those of us who have to give many injections it is almost essential. For those who give very few injections it is as well to know that the book exists but those little snippets of information which come with the ampoules are not to be despised.

C.G.A.T.

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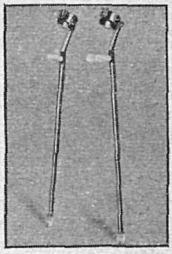

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CORRESPONDENCE

Letters to the Editor of the Gazette

Hospital Cup Final

SIR,—May I take this opportunity of expressing my appreciation of the magnificent support that the 1st XV received during the Hospital Cup Final against St. Thomas's. During the years that I have been at the Hospital I have noticed that although much support from the student body is not forthcoming for regular club matches at Honor Oak Park, there is always a great interest shown in Hospital Cup matches and that should Guy's get as far as the Final, the ensuing 'Rag' is bigger and better than those staged by other hospitals. This year was no exception. The difference in enthusiasm between the supporters of the respective teams was most noticeable and was a fact remarked upon by nearly every player after the game. My thanks for this fine effort, particularly to those responsible for organizing it, comes from the team as a whole.

Finally, may I thank all those who have written or offered such generous praise and congratulations since the victory. We are all immensely pleased that the Cup has been restored to Guy's.

Yours etc.,

TERENCE ENGLISH,
(*Capt. G.H.R.F.C.*)

Guy's Hospital, S.E.1.

SIR,—I was very shocked at the bad behaviour of students at the Rugby Cup Final, and other old Guy's men have spoken to me of their disgust at the hooligan-like behaviour there.

No one objects to ragging among students dressed for the part, but the throwing of plaster and fireworks into the stand, and in the streets, to the detriment of peoples' clothing is unpardonable.

It is hoped that in the future, the Rag Committee will take the necessary action to ensure that the public is protected.

Yours etc.,

MAURICE C. HART.
(1919-24.)

Little Deepdene,
Deepdene Avenue, Dorking.

SIR,—I am sure all the players of the first decade of this century are experiencing a thrill of pleasure that Guy's are once again the holders of the Hospital Cup.

We congratulate the Captain and the team on their splendid performance and I am sure the enthusiasm instilled by last season's Captain, B. Blackwell, and so well carried on by T. English has in no small way contributed to this revival.

How well this victory coincides with the opening of the new Guy's House.

Yours etc.,

RONALD ALCOCK.

9 College Green,
Gloucester.

Missionary Doctors for Nigeria

SIR,—I would like to draw the attention of Catholic students and graduates to the urgent need for doctors in the mission hospitals in this part of Eastern Nigeria.

There are seven busy general and maternity hospitals in the area with a total of about 900 beds and, at the moment, only nine doctors to staff them where there should be at least 16.

I have almost finished two years out here, and I have found it a most interesting and rewarding experience. The work is hard, and, at first, one feels very inadequate to cope with the situations which arise, but confidence comes gradually, and it is amazing what one can undertake eventually. The living conditions are very good indeed, salary is £1,000 per year, a car allowance of £200, and the climate quite

bearable. All the hospitals are well equipped, and facilities exist for most investigations and X-rays. The amount of clinical experience is vast, especially in Surgery and Midwifery. There are now about 30 lay missionaries in the area, and so there is social life when needed. None of the hospitals are more than 40 miles from a shopping centre.

To anyone who is anxious to travel, to see medicine in its most fluid state, and who has a certain amount of missionary zeal to sustain him or her when times are hard, I would recommend a two-year tour out here.

Further particulars may be obtained from Miss M. Morgan, The Department of Obstetrics and Gynaecology, Guy's Hospital, S.E.1.

Yours etc.,

HAZEL M. PHILLIPS, M.B., B.S.

Mbaise Joint Hospital,
Aboh, Owerri, Eastern Nigeria.

Medicos Look At . . . .

SIR,—I must admire Mr. Davis' enthusiasm for the theatre and even his indignation at my comments. I wish I could say the same about the clarity of his English and his punctuation. He must learn to be patient and even forgiving as all good teachers are and he must also learn not to be silly—I have seen *Waiting for Godot*, *The End Game*, and *Krapp's Last Tape* by Beckett and *The Chairs*, *The Lesson*, *Improvisations*, *Victims of Duty* and *Rhinoceros* by Ionesco. I cannot recall whether I saw *The Bald Prima Donna* and *The New Tenant*. I believe these are the only Beckett and Ionesco plays which have been shown in London. To the best of my knowledge the comments which roused Mr. Davis to such a fury were not about either of these authors, except in passing, and it was not my intention to discuss them. I would remark that Mr. Davis wants me to "take the trouble to understand them" (Beckett's and Ionesco's plays) but objects to my regarding the play (by Pinter) as a challenge to my intelligence. I don't quite see the difference. Trying to understand what is going on on the stage, whatever the play and whoever the author, seems to me to be one of the obvious reactions to visiting the theatre.

Regarding what I missed in "The Caretaker", I thought I had emphasised the effect of the dialogue and the conflict between the characters in the play. If the play had all the attributes which Mr. Davis found, surely the Paris critics would have noticed them. Instead the play was universally condemned. I was not altogether surprised. I would like to suggest that it depends too much on the language of the dialogue and, therefore, is really incapable of being exported. I believe the Americans, who apparently speak the same language as we do, would have a similar reaction to the play.

May I say in conclusion that I was more than pleased that one of your readers thought it worth while writing to you about my comments ?

Yours etc.,

MEDICO.

SPORT

RUGBY

Guy's v. Nuneaton

Result—Won 21-5

Conditions were ideal when the Hospital, fresh from their magnificent Cup success took the field for their last home game of the season against Nuneaton.

Biggs kicked off for Guy's who in the first half were playing against the wind and into the sun. From play in the Nuneaton half Guy's were awarded a penalty but Pagliero pulled it wide. A minute later a Nuneaton forward was again off-side, this time Biggs was successful with the kick.

The Guy's three-quarters were very quick up on their men, giving their opponents little time to start an attacking movement and often turning defence into attack by snapping up the loose ball.

Boyd and Murray were combining smoothly at half back and after a very good run by the former, Bernard was up to receive a perfectly timed pass to score near the posts—Biggs converted.

English, Cooke and Lloyd-Edwards were very quick to pounce on any loose ball while Treadwell got more than his fair share of the ball in the set scrums. It was noticeable, however, that Nuneaton were getting far more of the ball from the line-outs due to some good jumping by Danes, Wood and Powell.

Once again it was from a breakdown in a Nuneaton passing movement that Guy's scored their best try of the match. Boyd pounced on a loose ball and quickly transferred to Egwuatu who in a run of 40 yards beat four men to score near the posts for Biggs to convert. A good break by Bernard almost resulted in another try but his final pass to Biggs went astray. The teams changed over with the score—Guy's 13 points, Nuneaton 0.

The early play in the second half was rather scrappy, as far as Guy's were concerned it was no doubt due to the hard game on Wednesday and the celebrations that ensued—both were beginning to take their toll!

Nuneaton played a little better after the interval and when a Guy's three-quarter movement broke down, good inter-passing by the forwards resulted in Davis going over for an excellent try which was converted by Simpson.

After Boyd was wide with a drop kick Guy's went further ahead when Pagliero kicked another penalty. One of the features of the second half was some strong determined running by P. Smith the Nuneaton open side wing forward. On one occasion only a superb last minute tackle by Cooke prevented him from scoring.

Egwuatu who was having another fine game, scored the last try, he pounced on a loose ball from a Nuneaton movement and ran with great determination to score under the posts for Biggs to convert.

The final score 21-5 in Guy's favour did not flatter them, in fact one felt that had they opened the game up more in the second half more points may have been scored.

TEN PIN BOWLING

Guy's Hospital Old Hostel

v.

Tuesday Club

The first match of the new season took place at the Princess Bowling Alley, Dagenham, on Thursday, 9th March. Originally booked to play a team from the Ford Motor Company, this had unfortunately to be postponed because of compulsory overtime recently introduced by our opponents' employers. However, we were lucky to arrange a short notice game with the well-known "Tuesday Club", the Junior and Drinking section of the Royal Corinthian Yacht Club, and there can be no doubt that the team excelled themselves in managing to draw with such redoubtable adversaries.

Bill Hanwell, playing number 2, opened the match in an exciting but somewhat unprofitable way, by completely missing all ten pins with his first three throws. Whether this was the result of pre-match nerves, or simply of the ten pints of bitter he hurriedly consumed at the Dive before leaving for Dagenham, will never be known. There is no doubt however that he and all the Hostel team improved dramatically later on, and especial mention must be made of Malcolm Devereux, who, straight from his twenty-nine-course meal with the Council of the Royal College of Surgeons, managed to produce no less than three "Strikes" and eight "Spares" during the two games of the Match. The other two members of the Old Sophians played good steady Bowls, though it must be said that Wally Landers' 163 represented more consistency that Malcolm Blacklee's 183 who could definitely be said to have "cracked" at the end.

The Tuesday Club's strong team was ably lead by John Barker (also of this hospital) and well supported by Alan "Birdie" Bird, Ann Barker, M.C.S.P., and E. W. Henderson, Esq., the last named having no connexion other than a sister at St. Thomas's. We understand that he recently had to pay £1 10*s.* 0*d.* on her behalf to a certain South London Court and that his real interest in playing in this match was to try to recoup his losses.

Individual scores:

G.H.O.H.		Tuesday Club	
M. Devereux ..	291	J. Barker ..	255
W. Hanwell ..	177	E. Henderson ..	250
W. Landers ..	168	A. Bird	181
M. Blacklee ..	183	Ann Barker ..	133
	819		819

Result—A draw.

THE BOAT CLUB

Bedford Head of the River Race

On Saturday, 11th March, the Hospital 1st VIII rowed in the Bedford Head of the River Race on the River Ouse. The course was 2 miles long and there were 43 competing crews. The Hospital crew overtook Worcester College Oxford 1st VIII to complete the course in 7 mins. 42 secs., and were placed 14th.

During this term the 1st VIII have had a number of races against other colleges over distances between 2-4 miles. Both Westminster Hospital 1st VIII and Northampton College London 1st VIII were beaten easily. The crew also beat University College and Hospital 1st VIII and Queen Mary College 1st VIII by approximately 4 lengths each. The crew was, however, beaten by Latymer Upper School 1st VIII.

Crew : Bow P. Griffiths.
2. T. D. N. Peet.
3. D. K. C. Cooper.
4. P. D. Venning.
5. B. Fitzgerald.
6. P. Leney.
7. D. J. F. Gurney.

Stroke : C. Hawes.

Cox : A. Pickering.

LACROSSE

At the annual intercollegiate Lacrosse tournament on Saturday, 11th March, at Motspur Park, Guy's team won the cup for the first time since it was presented in 1928! Guy's and Q.E.C. reached the final with an equal number of points and Guy's won 1-0.

Patricia Field, who plays for the University, was the most effective member of the attack and shot about 15 goals during the five matches of the afternoon. Jennie Hall was a strong member of the defence—and the defence was supported very well by Margaret Hardy in goal.

Team (Only ten—we "borrowed" two from the Royal Free for the final): Margaret Hardy, Margaret Garner, Susan Haig, Vivian Oliver, Margaret King, Jennie Hall, Anita Thomas, Sarah Tate, Patricia Field, Margaret Abel.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Senior Lecturer in the Department of Clinical Pathology.** Appointment is to date from as soon as possible until 30th September, 1962, in the first instance. The applicants should preferably have a special interest in Clinical Pathology. Salary is within the range of £2,000 x £100 to £2,400, according to qualification and experience, with superannuation and family allowance.

Application should be made on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **8th April, 1961.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar in the Dental Department** with attendance on 6 sessions per week commencing 1st June, 1961, the duties being to assist the Consultant Staff with the treatment of referred out-patients and the oral surgical treatment of in-patients. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, which when completed should be returned not later than **Tuesday, 4th April, 1961.**

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Cyril Hugh Kinder, M.Ch.(Camb.), F.R.C.S., as a Teacher of Surgery at Guy's Hospital Medical School.

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Pharmacology

Sheela Amin
D. J. Boulton
J. C. G. Carmichael
A. S. G. Clark
G. Ebrahimzadeh
T. A. H. English
J. R. Glover
C. J. Guerrier
J. W. Heber
P. G. Kelly
Danuta M. H. Laganowska
M. G. Lim
K. M. Pagliero
Mary Restell
P. F. Sievers
F. A. W. Schweitzer

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

February, 1961

Part I—*Surgery*

B. K. Arthur
E. W. H. Browne
P. A. Chamberlain
R. T. Chance
R. B. Charter
N. G. Clarke
G. W. Cooke
R. A. Ellis
M. H. Fanner
Monika Friedmann
M. D. Gann
E. J. Grant
D. J. F. Gurney
R. E. C. Hayman
P. Howard
E. A. L. Jones
F. J. J. Knight
B. S. Morgan
R. H. Pearce
W. R. Phang
Marian E. Phillips
R. I. Richardson
M. E. Robinson
J. E. St. Pierre
J. L. Schoeman
W. T. Sholl
K. A. Sutcliffe
P. J. S. Turner
A. G. Wallace
J. R. T. Warren
T. Wild

Part II.—*Dental Surgery*

D. Allarakhsingh
M. A. C. Archer
M. W. Blake
D. Boulton
J. M. Brummitt
S. A. Chan
N. R. Chudleigh
Diana E. R. Cornick
S. C. Crocker
M. J. Fatharly
J. A. Golder
T. L. Griffiths
Margaret K. A. Harwood
T. Helmer
A. B. Holmes
J. D. James
L. J. Kessel
A. C. Knight
T. Lloyd
R. Loveday
J. J. Mather
Margaret Oxburgh
K. M. Pilcher
L. G. Phelps
R. Preston
R. J. Rose
P. Seaton
R. Tomalin
M. J. Varney-Burch
L. Walters

First Examination

March, 1961

Anatomy and Physiology

J. W. Balchin
P. A. Freeman
R. Z. Johns
G. K. Lillicrap
H. M. Scott

Special Anatomy and Physiology

J. W. Balchin
P. A. Freeman
R. Z. Johns

F.D.S.

Primary Examination

T. P. Bass
C. E. Rees
I. G. Creed
Nina Shotts

NURSING NEWS

Entered:

Sister H. Gates to *School of Nursing.*

Sister L. Weir to *Evelina Casualty Department.*

Sister E. Wood to *Lydia.*

Staff Nurse R. Holmes to *Diplock.*

Staff Nurse B. Hyde to *Out-Patient Department.*

Staff Nurse E. Quealy to *School of Nursing.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bass, B. H., and others. Lymphadenoid Goitre and the Syndrome of Systemic Lupus Erythematosus. *Lancet*, 1961, i, 368.

Brock, Sir Russell. 91st Hunterian Oration. Museum, Research, and the Inspiration of Hunter. *Brit. med. J.*, 1961, i, 584.

Calne, R. Y. and another. Origin of the Infiltrating Cells in Skin and Kidney Homografts. *Transplantation Bulletin*, 1960, **26**, 458.

Emslie, R. D., Veall, N. and Duckworth, R. Chewing Gum as a Vehicle for the Administration of Fluoride: Studies with ^{18}F. *Brit. dent. J.*, 1961, **110**, 121.

Fisk, G. C. Respiratory Paralysis after a Large Dose of Streptomycin. Report of a Case. *Brit. med. J.*, 1961, i, 556.

Holmes, J. M. and another. Kielland's Forceps Rotation in the First Stage of Labour. *J. Obstet. Gynaec. Brit. Emp.*, 1961, **68**, 82.

Hopkins, Philip and others. Soviet Doctor. *Med. World*, 1961, **94**, 43.

Johnson, C. H. Academy Proceedings, 1960. III, Education and Training of Police Surgeons. *Medicine, Science and the Law*, January 1961, p. 172.

Macdonald, I. Gastric Activity in the South African European and Bantu. *Gut.*, 1960, **1**, 248.

Neill, D. J. Denture Sore Mouth, an Endocrine Influence? *Dent. Practit.*, 1961, **11**, 199.

Smith, Robert C. and Wyard, S. J. Glass Formation in Solutions of Hydrogen Peroxide—Water and Deuterium Peroxide—Heavy Water. *Nature*, 1961, **189**, 211.

Talbot, C. H. Volvulus of the Small Intestine in Adults. *Gut.*, 1960, i, 76.

Witts, L. J. and another. Leucine Aminopeptidase with Special Reference to Ulcerative Colitis. *Gut*, 1960, **1**, 140.

Witts, L. J. and others, The Augmented Histamine Test with Special Reference to Achlorhydria. *Gut*, 1960, i, 326.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases 5*s*.

REQUIRED

SOUTH LONDON, UPPER NORWOOD. Assistant Dental Surgeon wanted from May. All mod. cons. to facilitate good work. Box No. 261.

HERTS., 17 MILES FROM LONDON. Dental Assistant to take over from existing partner, modern surgery, airotor, X-ray, chairside assistance. Remuneration by arrangement. Excellent prospects. Box No. 263.

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TO LET

SANDGATE. Seaside Cottage. Furnished. April, May and early June. Four bedrooms. Write : Lachlan, Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

K. D. Allanby, M.R.C.P., M.D., 131, Thorpe Road, Peterborough, Northants. (Tel. 5362).

R. Elwy Owen, L.R.C.P., M.R.C.S., Carn Ingli, Denbigh, North Wales.

D. C. Turk, B.M., M.R.C.P., and Mary Turk, S.R.N. (née Helson), as from 1/9/1961 : c/o Dept. of Bacteriology, King's College Medical School, Newcastle-upon-Tyne.

BIRTHS

FRANCE.—*On 30th January, 1961, to Jennifer* (née Payne), and Robert D. France, M.B., B.Chir., of 74, Lexden Road, Colchester, a daughter (Rosemary Anna), sister for Tony and Christina.

GILL.—On 10th March, 1961, at Redruth Hospital, *to Kay (née Robinson)*, M.C.S.P., and David Gill, M.B., B.S., a son (Christopher) brother for Anthony.

HORSFALL.—On 4th January, 1961, at Witbank, South Africa, to Nancy (née Hudson), S.R.N., and Dick Horsfall, a son (John *Martin*), brother for Jane and Paul.

LEWIS.—On 4th March, 1961, to Patricia (née Marsh), and Joseph Lewis, M.B., B.S., a son (Jeremy James).

LINDSAY.—On 28th February, 1961, at the Torbay Hospital, Torquay, to Patricia and John Lindsay, L.R.C.P., M.R.C.S., a daughter (Suzanne).

OWEN.—*On 16th March, 1961, to Margaret* (née Sedgwick), S.R.N., and Robert Elwy Owen, M.B., B.S., a son (Peter) brother for Sara and Jane.

MARRIAGE

OWEN—FISHER.—*On 4th March, 1961,* at Dover. Lieut. John Owen, R.N., to Ann Fisher, S.R.N.

DEATHS

COPLANS.—On 9th March, 1961, Myer *Coplans, D.S.O., O.B.E.*, M.D.(Lond.), D.P.H.(Cantab.), 3, The Approach, Hendon, Middlesex. Aged 82 years.

POWELL.—On 7th March, 1961, at 48, Wragby Road, Lincoln, Reginold Wood, L.D.S., R.C.S.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1897 *8th April* 1961 *One Shilling*

PASSIM

HUMPHREY CARDIGAN had been appointed a houseman the week before, and his big moment had arrived: he was about to set up his first blood transfusion. At last all was ready, and he inflated the sphygmomanometer cuff. Then his bleep went. Very new, he rushed to the telephone and answered the College porter's call, "Will you ring 949, sir ?" He did. "I thought I'd tell you that I've added an extra patient to your out-patients' clinic three weeks on Thursday" said the secretary at the other end.

A rather more nervous Humphrey had just put in the local anaesthetic when the bleep went again. More experienced, he asked the nurse to answer it. "It's no good Mr. Cardigan, sorry, it's a personal call" she said on her return, "you will have to speak to him yourself". "Good morning Dr. Cardigan" boomed the voice in Humphrey's ear, "congratulations on your recent engagement, may I interest you in a caravan honeymoon holiday in Iceland?"

Ten minutes later, he was scrubbed up, and ready again. Murmuring to himself 'no one's going to disturb me this time', he picked up the Guest cannula. The bleep must have been waiting for this; it began once more. "Tell them I'm not available" he said; but the nurse soon returned. "It's Dr. X, will you ring him immediately ?" Now Dr. X was world famous, a great man, and no matter whether the needle was half in or half out of the arm, the call had to be made. Quivering slightly, Humphrey dialed the number; a secretary answered and after a moments pause announced "Dr. X is busy dictating, will you ring again in fifteen minutes".

All is not marvellous in the world of multitone. The episode above is based on fact. Misused, the system can reduce a houseman or registrar's day to chaos. The main abuses are two-fold.

Firstly, too many people use it instead of a letter, as a lazy way of communication or even of mere notification. Departmental secretaries and staff truly have never had it so good, with every member of the junior staff an easy quarry no further away than an arm's reach to the nearest telephone. Worse still, salesmen, life insurance agents

and other outside business men have found an ideal medium for reaching their prey. It will be interesting to see how long it is before pharmaceutical representatives begin to use it.

Secondly, many callers who need to use it, wanting to speak to an individual on the telephone, fail to emphasise the urgency or lack of urgency. They may wish to be telephoned that morning, but omit to specify "Will Mr. Cardigan ring *within two hours*," or "*at his earliest convenience today*." The College porters are efficient in their at times hectic job, and are only too willing to pay attention to that type of detail if given the chance.

Of a houseman's calls, a third are genuine, requiring him or his decision at once; another third require action by him the same day, the caller's fault lying in failing to make clear that the call is not urgent; the other third of the calls should never find their way on to the multi-tone system. The present abuse of the system must lead to less attention being paid to the 'bleep', and subsequent delay for urgent calls. It is a pity, for it could be an excellent communication system. It still can be.

A cynical fate has decided that 2nd M.B. examinations and the Grand National should take place at more or less the same time. There can be few things worse than watching your favourite brought to disaster 'first time round at Becher's' knowing that your examiners in Anatomy are waiting for you, axe in hand, on the following Monday morning. An omen such as this can all to easily tip the already tottering self confidence into a dark pit of despair. Happily the casualty rate in 2nd M.B. rarely approaches that of the National—we hear that last year only sixteen jockeys reached hospital and but four horses were shot.

During this happier time now that the results are out and people look less anxious, we who got past the post some time ago could well spend a sombre moment thinking about the fates which guided us during those dreadful days. The writers would if they could, but the Editor can't remember what subjects were in the syllabus in his day (he was at Another Place) and the Assistant Editor is too frightened about examinations ahead to tempt the same fates by counting his blessings.

Miss Brew has been Secretary for the *Gazette* for three years; as well as carrying out duties in the St. John's Ambulance Brigade she has fought against considerable odds in the *Gazette* Office—among them an erratic vintage typewriter whose emissions will be familiar to contributors, and no less erratic but slightly less vintage Editors. She is now leaving us, and we shall miss the delightfully happy atmosphere she created.

This is too much; a new clock in the College dining-room with the hands effectively masked by reflections on the assiduously polished glass. May we suggest some really practical solutions: 1) Black-out: meals taken in total darkness. 2) Picnic lunches round Big Ben. 3) Removal of offending glass ?

Last week the Guy's party left for the International Congress of Nurses at Melbourne. The party is headed by Matron, Miss J. Addison, and includes Miss M. Walker and Miss J. Jacobs who is Matron of Pembury Hospital. The latter two have been given a grant from the Guy's Hospital Nurses' League to enable them to make the trip. Guy's reunions have been arranged for them at many places on the outward journey via America and the Pacific islands and on the return journey across Asia and India. Their round the world tour lasts sixty days and includes visits to such inviting places as Honolulu. As a distinguished guest at Matron's dinner said "there is no knowing what manner of tales they will tell on their return—nor what manner of skirts they will be wearing."

IN BRIEF:

The first operation was performed in New Guy's House on 27th March by Mr. Grant Massie. The patient from *Job* ward had gall stones, and Mr. Massie did a cholecystectomy assisted by Mr. Gazet. Dr. McConnell was the anaesthetist.

Both patient and Sister Laws are reported to be doing well.

Professor M. Maizels, Professor of Clinical Pathology at University College Hospital, has been elected to a fellowship of the Royal Society.

Miss C. O'Toole has been appointed Matron of the Canadian Red Cross Hospital at Taplow.

The Queen sent a congratulatory telegram last week to Miss Clara Britton who celebrated her hundredth birthday. Miss Britton trained as a nurse at Guy's from 1895-1898.

GUY'S DIARY

APRIL

10th	M	1.00	Mr. Lewis. Clinical Lecture. *The Treatment of Advanced Pelvic Cancer.*
11th	T	1.00	Mr. Blackburn. Clinical Lecture. *The Hours of Darkness.*
13th	Th	1.00	Dr. Morton. Clinical Lecture. *The Patients in my Clinic.*
14th	F	1.00	Mr. Brain. Clinical Lecture. *Pulmonary Cysts.*
17th	M	1.00	Dr. Forman. Clinical Lecture. *The Reaction of the Skin to Various Metals.*
18th	T	1.00	Dr. MacKeith. Clinical Lecture. *Enuresis.*
20th	Th	1.00	Dr. Calvin Wells. Clinical Lecture. *Diseases in Anglo-Saxon Times.*
22nd	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
24th	M	1.00	Sir Russell Brock. Clinical Lecture. *Chest Injuries.*
25th	T	1.00	Dr. Bishop. Clinical Lecture.

OBITUARY

CHARLES HARDIMAN LAVER, F.R.C.S.

Charles Laver was born in 1893, and had begun medical studies when mobilised in the Artist Rifles in 1914. He was commisioned later in the R.F.A. Returning to Guy's to qualify, he was then house surgeon to Sir Arbuthnot Lane and C. H. Fagge. A spell in the Navy was followed by two years as an anatomy demonstrator at Oxford during which time he obtained his fellowship. In 1922 he went into partnership in a practice in Redhill, Surrey, and was soon appointed to the surgical staff of the East Surrey Hospital. Two years ago he was appointed emeritus consulting surgeon to that hospital.

A man of varied interests, he won an international bronze skating medal, was a council member of the British Astronomical Association, a Master Mason and active church worker, being a church Warden for many years.

NOTICE

PUPILS' PHYSICAL SOCIETY

Annual Lecture.

Dr. Douthwaite has kindly agreed to give the annual lecture to the Society on Thursday, the 13th of April, at 5.00 p.m., in the Physiology Theatre. His subject will be "Survival in the Medical Jungle."

Laidlaw and Beddard Prizes.

The Society offers two prizes annually through the above benefactions. The first is for the best paper on any original topic. The second is for a paper on an instructive and interesting case history or histories. The papers will be read before the Society on the 18th of May and should not exceed fifteen minutes in length. Summaries should be handed to the secretary at least one week before the readings.

Two Hundred and Thirty Years Ago

"Mr. Treas Reported from the *Commee* for consideration of Erecting a Statue in memory of Thomas Guy, esq., the Founder of this Hospital that they had agreed with Mr. Peter Scheymaker, a Statuary, for the making of Such Statue in Brass at y price of 500 Guineas and that the Clerk has prepared our agreement in writing such being now read was approved."

(Minute of the Court of Committees of Tuesday, 21st March, 1731/32.)

A Way Of Working

by

W. H. Trusted

The writer, a General Practitioner, says that now any system of G.P. merit awards has been abandoned he feels it safe to pass on these tips.

Medical schools with their excellent instruction in diagnosis and treatment barely touch on the subject of rewarding National Health Service practice. The objective of the N.H.S. doctor is to have on his list 3,500 people, who expect an aggregate of 14,000 items of service per year. The following precepts are offered to intending General Practitioners.

History.—In the complete absence of history, *e.g.*, a murmur of "not at all well," move directly to the prescription of a tonic.

Record verbatim the replies of the bad witness, *e.g.*, "It goes all over" as a reply to inquiry about the occasions of pain. To repeat a question wastes time and is considered rude. (Some authorities omit notes altogether but this is recommended only to artists in bluff, except when the patient is sure to see another doctor next time.)

If the patient's mother answers your first question, ask no more; enough history will be forthcoming.

The well-known presenting symptom "I want my ears syringed" should be countered by (a) passing the patient to a trained nurse instantly or (b) telling the patient to put oil into his ears and return when one's partner is on duty. Any disease aggravated by these methods is referred to hospital as an urgent case.

If the history takes the form of a demand for Panaceoderm ointment, it should be met by immediate acquiescence. Several pounds should be given. The resultant charge for immoderate prescribing is eclipsed by rapid turnover in the surgery, enhancement of your reputation and the absence of the patient for several months. Deterioration of any complaint should of course be handled as another urgent hospital matter.

The mother who relates the troubles of three children simultaneously intends to save trouble and should be gratefully heard. Impressions will grow in your mind of a baddy chest in one brat, a

nasty thing coming up in another, and none of them well in himself, and these can in the last resort be confirmed by physical examination.

Examination must be kept to the minimum for the sake of turnover. In old-established practices it is recognized by the patients that the chest is sounded by applying a stethoscope below each collar-bone. The novice will be well advised not to reduce this effort until he knows his practice well.

Answer politely any remark from patient or relative during auscultation. Doctor-patient relationship is more valuable than detection of adventitiae.

Rectal examination is omitted if modesty requires and indeed omit the entire physical examination of elderly female gypsies, who are swathed in yards of mysterious garments, commonly understood to be irremovable.

Treatment.—Advice must be given sparingly since :

(a) that is not what the public comes for, and (b) it takes time.

It is, however, invaluable in the treatment of hysteria and lead-swinging, provided that it is irrelevant to the symptoms. It is then offering a strong game to the patient on his own ground.

Do not normally give injections to those who dislike them, but bear in mind the possible advantage of treatment by means of the district nurse's injections.

Admission to hospital is the treatment of choice for all conditions, but we are regrettably short of beds necessary for that ideal. Factors to consider are the remoteness of the patient's house from the surgery and the tendency of relatives to telephone about the patient's condition. Where these are strong it is necessary to make a diagnosis which is either alarming or curious to the house officer on take-in, *e.g.*, a case of abdominal pain should be labelled Acute Pancreatitis or Polyarteritis Nodosa.

Prescribe a "tonic" for anyone who asks for it or is depressed or excited. If the patient does not tell you what a Tonic is, consult the advertisements.

Practically all skin and mental cases require phenobarbitone and reference to a Specialist. It is in fact an important duty to give the public access to specialists; the main cases for selection of cases for specialists are :

(a) those who express the wish to see one,

(b) neurosis (not referred to a psychiatrist since that would be insulting),

(c) unpleasant organic disease, such as frequent pains in a rheumatic joint (best sent to a psychiatrist because of the need for patience in medical men concerned), and

(d) v. supra.

Prognosis.—Easy optimism is essential, as it implies that a cure will be effected without more visits or consultations, but it can be hedged with a hint that a Specialist's opinion can readily be obtained if there is any anxiety.

Miscellaneous.—The acquaintance at a cocktail party or the villager at your car-door expects an answer to a medical question. The old technique in private practice of asking the questioner to undress on the spot is obsolescent. Now the best plan is to give prompt advice, *e.g.*, to drink tea/whiskey, in a grave tone without allowing a complete history to be given.

Late telephone calls can be dealt with efficiently only after years of experience. Your answers must be guided by the Principle of Preparedness (Culbertson). For example, if the caller says : "Will the doctor please come to Mrs. Bottlewash ? " you may answer "Is it urgent ? ", but you must be prepared for the reply "Yes" and have ready an elaborate apology for the breakdown of your car.

Consider carefully the notification of infectious diseases. The fee paid has to be weighed against inconvenience. For instance, food poisoning should normally be cured before notification to avoid the trouble which the Medical Officer of Health will give to you and the patient's family.

Summary.—See yourself as the public sees you, friend and shop-assistant rolled into one.

Reference :

CULBERTSON, E. *Contract-Bridge Complete.* 4th Edn. Faber & Faber, 1947.

Fifty Years Ago

Passim, 18th March, 1911.

" The famous milk-churn and the almost equally famous Inter-Hospital Rugby Cup are, it seems, inseparable. Take care of the one and you will not lose the other. There is something in mascots after all. But they must be chosen with discrimination. A coffin, such as the London men carried at the final Cup tie, is not only gruesome, but also, apparently unlucky."

Guy's 8, London Hospital 0.

Supporters : 1 goal-post.

Medicos Look At . . .

Advertised as having won the Venice Critics' Prize and subtitled "an improvisation" by its makers, *Shadows* is an American film completely different from the type of film one usually associates with Hollywood. The theme is the colour problem but it does not deal with equality of opportunity for jobs, or integration in education, or demands for civil rights. Instead it expresses the personal reactions and difficulties of a young boy and his sister who look white but are partly coloured. Actually the girl's problem is made explicit but the boy's is only suggested. To such an extent is this the case that one is not too sure what his problem is and it may be that of any restless, rootless teenager. He goes around with white friends and mixes with white people and at no time is he rejected but the scene in which he pushes aside the advances of a coloured girl gives the clue to what he really feels. His almost white sister falls in love with a white boy with whom she goes to bed (for her it is the first time) because they are in love, but he leaves her when he meets her other brother who is obviously coloured. The film offers no solution but seems to say that the colour problem is not only a question of giving legal equality to all people but that in addition there are attitudes within each one of us which prevent a solution, and what must be changed is our way of thinking about people different from ourselves.

To some, the story is perhaps a minor aspect of this film. What are important are the techniques used for producing it. These are so original and exciting that it is only by actually seeing the film that one can appreciate its quality. There were no sets and most of it was shot in natural surroundings. The actors were told only the general idea of the story and were left to act and talk as they wished. The result is that scenes in cafes, at parties, in the streets, in Central Park and in the open air part of the Museum of Modern Art take on an atmosphere which is fresh and vivid. Dialogue is picked up and really sounds like the sort of things people say to each other in the circumstances in which one sees and hears them. The voices are sometimes only partially heard just as conversation usually is. There is also an extensive use of close-ups which have a fascinating and disturbing effect.

It is difficult to assess the acting in a film of this type but the young heroine in her love scenes, in her anguish when she is rejected and in her flippant behaviour with her new admiring boy friend makes one realize that although given a free hand this actress can convey emotional situations to the audience and even invent the necessary dialogue to go with it. The enthusiastic, optimistic, hustling, bustling manager of the coloured brother is a natural comedian, and the younger, almost white, brother makes one feel the restlessness, dissatisfaction and aimlessness of his mode of living. One may ask how often a film like this can succeed. It is a difficult question to answer but one can only hope that someone will try again and will produce something as good.

" *L'Avventura* is the mature work of a mature artist, and with it, belatedly, Mr. Antonioni takes his place as, beyond argument, one of the world's very few great directors" (*The Times*, 2-11-60). If that is the case the film must be worth seeing. Quite frankly it is disappointing mainly because of the theme and the type of people portrayed. The argument regarding content and form in art is endless but where the content is obvious and demonstrable it ought to be possible to achieve a relationship between the two. However good the filming and appropriate the soundtrack, if the audience is constantly aware of a lack of interest in the characters and the pointlessness of the story, the differences between the content and form become so striking that the only result is exasperation and even boredom.

One can easily see that the director of this film has a wonderful eye for a scene and the sudden change from one scene to another. One recalls his shots of the deserted, rocky island lasting much longer than one expects but conveying a feeling of mystery and eeriness. A girl has disappeared, and how or why is never resolved. There is a shot of a street in shadow at the end of which one can see the church of a deserted village in the sun. The camera lingers over this and suddenly cuts to a passionate love scene in the grass beside a railway track. The sudden transition is impressive. Single scenes like the one of the man trying to pick up a girl in the train (neither character is really part of the film) or the girl finding herself in a square in a small Sicilian town surrounded by large numbers of menacing, lascivious men are in themselves brilliant. In spite of this, one has to come back to the fact that this film is about people. The opening music, hard, steely, plangent, indicates what sort of people they are—wealthy, living in large houses or expensive yachts or flashy hotels and having the worst possible relations with wives or husbands or children. They are cruel and cynical, selfish and superficial but there is no suggestion of criticism of these people or why they are like this. To the spectator their mode of living becomes distasteful and boring. The main theme, however, is the love-life of Sandro (Gabriele Ferzetti) who obviously just cannot resist making love to the first available woman. His fiancée has disappeared and within a matter of hours he is making approaches to her closest friend (Monica Vitti). His approaches are successful and apparently they fall in love but at the end of the film she finds him making love to a prostitute. Finally we are left with the couple in a square and both they and the audience are wondering what will happen to them.

Two and a half hours of this even with the fascinating shots and sound track leave one with the uncomfortable feeling that we have been told little about why people are what they are and whether they could have been different or may even change. Antonioni, the director, says that he does not try to write a thesis but rather use the film as a narrative. On the other hand although it is true that the way in which a story is told is very important directors must remember that what the story is about is of equal significance.

CORRESPONDENCE

Letters to the Editor of the Gazette

Inter-Hospital Brighton Stroll, 1961

SIR,—The 1961 Stroll to Brighton will take place on Friday, 12th May, starting from the Tower of London as last year, at 6.45 p.m. This event, in which Guy's is a founder member, has become within three short years, a major event in Inter-Hospital rivalry and all students are urged to try their luck in getting to Brighton and so help Guy's regain the "Toucan Trophy". With the scoring system in all probability the same as last year, we have to get approximately 8 times as many finishers to Brighton as, say, St. George's, and certainly half as many again as any other hospital in order to win. *Full support is therefore essential.* Remember, if our Professor of Biochemistry managed to get there last year, most students should manage it this.

The provisional arrangements for the walk have been worked out and are as follows :—

1. Again only students can count in the scoring for the Trophy, but anyone from the Hospital who wishes to walk will be very welcome.

2. This year, with possibly twelve hospitals competing, each will become responsible for a four mile section of the route. The Guy's section begins at Gatwick where we shall establish a foot clinic and a food and drink station. Our food organiser is Nigel Bonn of the Dental School and helpers are especially wanted for this and for the foot clinic. As yet we have no organiser for the clinic, and I should appreciate a volunteer for this job. I should have thought a group of nurses would be especially suitable, and what would be ideal would be a fair sized caravan or tent for use as a base. If anyone could help along these lines I would be most grateful if they would let me know.

3. Our Transport organiser is John Maddison, also of the Dental School, and he would like to hear of people with cars, prepared to drive them throughout the night. Remember, until the last walker is through our station we are responsible for getting those who retire ferried down the 4 miles to the next stop. And as 20 per cent. usually have fallen out by Gatwick we can expect to have anything up to 200 people needing lifts to that next point. A lorry thus would be of great value. The Union, by the way, will meet some, if not all fuel costs.

4. We shall be holding a briefing meeting, as last year, before the walk, and this will take place in the Students' Club at 1 p.m. on Thursday, 11th May. At this, full details will be issued and arrangements made for the distribution of numbers.

Lastly, please note, that entrance forms **must** be completed by every walker and I am hopeful that these can be filled in at the *Medical School Office*. Even if you are only thinking of walking, go and complete an entrance form, for if you decide to go at the last minute without having filled in one of these, your effort will have been wasted as far as winning the Trophy is concerned. Furthermore, you would not be eligible to purchase a finisher's tie.

Please watch the notice boards for posters and more details. To those of you who have walked it once; do it again. And to the freshers and those who haven't yet attempted it—don't be put off by what the others tell you; it's quite easy really and "jolly good fun" (if you like that sort of thing).

Yours etc.,
JOHN BARKER.

Guy's Hospital Students' Union,
Guy's Hospital, S.E.1.

OBITER DICTUM

MR. GRANT MASSIE *performing the first operation in New Guy's House.*

" The light is quite right."

(*This is believed to be the first time that a Guy's surgeon has approved of the lighting in a theatre.*—ED.).

REVIEWS

Restorative Dental Materials. By FLOYD A. PEYTON. Published by associates Henry Kimpton. *Price* £3 18*s.* 6*d.*

This is an excellent book. It is comprehensive and detailed yet easy to read. The type is clear, the lines well spaced and the subject headings bold.

Somewhat curiously for a book on such a specialized subject, the first chapter deals with the history of dentistry with particular reference to the development of dental science in the United States of America. The American bias is quite understandable since the authors are all employed at the University of Michigan School of Dentistry.

Chapter two is really elementary physics and the dental student in Great Britain will find nothing in it he doesn't know, or so his teachers would hope. On the other hand the dental practitioner, whose scientific knowledge may be a bit rusty, will find this very helpful.

Chapters three and four take for their subjects general metallurgy, and deserve much praise for their clear and concise manner.

The rest of the book describes in turn the various materials used in dentistry which do not come under the heading of drugs or therapeutic agents. Especially good is the chapter on waxes, a subject which is not adequately covered in other textbooks. Other chapters which deserve special note are those on soldering and vacuum investing. It should not be thought, however, that praise of some parts implies adverse criticism of the rest. There is a uniformly high standard throughout. The authors have not confined themselves to properties of materials, they frequently describe the techniques involved. There is a good chapter about Chromium Cobalt alloys and their applications to dental practice.

The British reader quickly accepts the American spelling. It is harder to get accustomed to all the temperatures being in degrees Fahrenheit. The British student will have to be prepared with paper and pencil to work out the conversion to degrees Centigrade.

There are numerous excellent photographs and diagrams and many useful tabulations. For the serious student there are also many references. The final chapter deals with some physical and biophysical problems which complicate the science and practice of dentistry and have not previously been collected together in one volume. Among the subjects are opacity, translucency, transparency, the uses of radioactive isotopes and the effect of sound waves and other vibrations on the tissues, to mention only a few.

The book is, indeed, a most valuable publication on the subject which is probably the Cinderella of sciences in the dental curriculum.

A.D.R.

Memories of a Doctor in War and Peace. by ISOBEL HUTTON, C.B.E., M.D. Published by Wm. Heinemann Ltd. *Price* £1 5*s.* 0*d.*

"The anatomy class seemed like recreation and I looked forward eagerly to it each day." Early on in her book Lady Hutton reveals herself as an enthusiastic doctor; in addition she was a dauntless personality, and a connoisseur of the ballet. Her story begins at Edinburgh University where the medical course she joined in 1905 was essentially the same as ours today (with the exception that the examiner in her surgery finals went to sleep during the viva). During the First World War she worked in army hospitals in Serbia and elsewhere, and from there went to the Crimea to help the White Russians. Returning home to London she established herself as a consultant psychiatrist, in the face of all the current opposition to married women in medicine.

Apart from an occasional burst of righteousness, as, for example, "utter devotion to study was the tradition in our university", the book is very readable. Although it will be a particular interest to women medical students it would make a good bedside-book for anyone.

D.J.P.B.

A Student's Guide to Obstetrics and Gynaecology. By C. J. DEWHURST. Cassel & Co., Ltd. 224 pp. *Price* 16*s.*

"Here is a book written expressly for the student reading for his final examination" warns the fly-leaf. Probably it is adequate for most qualifying examinations. It does not pretend to be fully comprehensive or to be any sort of reference book (indeed the index is most inadequate).

As a concise guide it is good. The main subjects are dealt with and the principles of obstetric management and of gynaecological diagnosis and treatment come over clearly. Good use is made of type variation and layout to emphasise the important. This book is one that any student could read with advantage in the first week of the obstetric appointment, and then re-read immediately before his final qualifying examination.

J.V.

The Eye in General Practice. By C. R. S. JACKSON. 2nd Edition. Published by E. & S. Livingstone. *Price* £1 1*s.* 0*d.*

This is the 2nd Edition of a popular book, which sets out with three objects: to describe common eye diseases, to assist in selecting those patients needing specialist advice, and to help in the interpretation of ophthalmic reports. It is intended primarily for the general practitioner, but also falls into the class of books suitable for a student to read quickly before examinations.

The book succeeds admirably in its objects and is a model of clear and concise writing, so that nothing of importance is left out. The author's style and the type are very readable, and the illustrations bright and attractive.

Criticisms are few—a table or section on the differential diagnosis of the red eye would have been helpful, and it is rather more expensive than its nearest rival.

A very good book.

D.H.

A Pocket Medicine. By G. E. BEAUMONT. 4th Edition. Published by J. & A. Churchill Ltd. *Price* 12*s* 6*d.*

This book compresses a remarkably large amount of information into a very small space. It is intended mainly to assist the final-year student in revision, and it can be recommended for this purpose.

Some space might have been better employed in giving more details of major diseases at the expense of those of less importance. In the first few pages, for example, accounts of gingivitis, stomatitis, and pharyngitis, occupy more space than is later devoted to hypertension.

The book contains some statements with which many modern physicians would not agree; the paragraphs, for example, on visceroptosis and fibrositis.

In his preface the author hopes the book will be of value to final-year students, general practitioners, and Medical Officers in the Services. It is not likely to be of much value to qualified practitioners, for its small space cannot contain details of differential diagnosis, nor can it give any discussion on the relative value of different forms of treatment.

It can, however, be recommended to final-year students as a pocket-sized volume which should be of value in rapid revision for the final examination.

W.D.H.

Modern Hygiene for Nurses. By M. A. PRIEST. Wm. Heinemann Ltd. 1st Edition. *Price* 15*s.*

This is a very useful textbook for the student nurse for it completely covers the syllabus of Personal and Communal Health demanded by the General Nursing Council. The text is clear and simple and there are some useful diagrams. The book is planned under four sections; the first part surveys the National Health Service in Britain today, the second gives the nurse very sound advice both for her own personal health and the help she can give others, the third deals with the health of the community and the fourth is a useful summary of bacteriology and the principles of asepsis.

R.B.

SPORT

PAST AND PRESENT GUY'S BOXERS REUNION

The first Reunion Dinner took place at the "Angel" Rotherhithe, on Thursday, 23rd March. Mr. J. S. Bachelor presided and Mr. Dickson Wright was the Guest of the evening. There were fourteen past members of Guy's Boxing Club present; the most senior, Surgeon Captain L. Yendroll, having boxed in 1927.

After an excellent meal, Mr. Sheeran read some letters of greeting from members who were unable to attend, and stated that he hoped that the Reunion would become an annual event, but that it was up to the members to decide on the form it would take. He suggested that a three man committee should be formed to deal with this.

Mr. Bachelor, in replying to the Toast of the Club, congratulated the present team on its successes of the year, having won three trophies under the able leadership of E. Chater, the Captain, and Charlie Pocknell the trainer. The President was very pleased to see a lot of the old familiar faces, and hoped that more would attend next year.

The Captain proposed the Toast of the guests, and said that he was sorry that there was not a better representation from other hospitals in the Inter-Hospital Championships.

Mr. Dickson Wright, the President of the United Hospitals' Boxing Club, replied for the guests, and with his extreme wit and humour entertained the gathering with stories ranging from examinees who played polo, to those unfortunates who died under the services of the National Health Service.

Mr. George Winston paid tribute to Mr. Dickson Wright and from this Mr. Howard Allen proposed that the latter should be elected an Hon. Vice President of the Guy's Hospital Boxing Club. This was carried unanimously and gratefully accepted.

The members then adjourned to pass the rest of an excellent evening discussing old times.

THE BOAT CLUB

Putney Head of the River Race

The Head of the River Race was held on Saturday, 25th March, the course being the reverse of the course of the University Boat Race. The Hospital 1st VIII started No. 229 out of the 298 competing crews.

A new method of starting was used this year. Crews were started approximately 75 yards above the University Store, the time being taken as the crews crossed the starting line, so that all crews crossed the line at full racing speed.

The 1st VIII made a good start and had overtaken three crews before Barnes Bridge. They continued to row well and overtook another four crews before Hammersmith Bridge. The crew rowed very well to cover the course in 20 mins. 24 secs., and they went up 143 places. The Hospital's final position was 86th, which was 68 places higher than last year.

We were the fastest hospital and one of the fastest college crews in the race.

Reading University Head of the River Race

The Hospital 1st VIII rowed in the Reading University Head of the River Race, which was held over a 3½ mile course on Saturday, 18th March. The crew overtook one boat to complete the course in 16 mins. 2 secs.

There were 132 crews rowing and we finished 56th, which was 18 places higher in the shell division than our position last year.

Crew : Bow P. Griffiths.
2. T. N. D. Peet.
3. D. K. C. Cooper.
4. P. D. Venning.
5. B. Fitzgerald.
6. P. Leney.
7. D. S. F. Gurney.

Stroke : C. Hawes.

Cox : A. Pickering.

If anyone is interested in rowing next term, whether experienced oarsmen or novices, they will be very welcome.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1ST JUNE, 1961

Applications are invited for the following House Appointments at Guy's Hospital due to commence on 1st June, 1961, applications giving choice of post and choice of hospital in order of preference, to be lodged in the Superintendent's Office **not later than Saturday, 29th April, 1961 :**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetrician (*Post-Registration*) .. 1
(To commence 1.7.61)

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1
(Three months at Guy's Hospital followed by 3 months at New Cross Hospital).

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Children's House Physician (*Pre-Registration*) 1
(Second 6 months candidate only).

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

Genito-Urinary House Surgeon (*Pre-Registration*) 1
(Second six months candidate only).

House Surgeon to the Thoracic Unit 1
(*Pre-or Post-Registration*)

Resident Anaesthetists 2
1 Post-Registration (Guy's)
1 S.H.O. (New Cross)

R.M.Os. Nuffield House 2
(1 to commence 1.6.61)
(1 to commence 1.7.61)

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

BECKENHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1

House Surgeon (*Pre-Registration*) .. 1
(To commence 1.7.61)

JOYCE GREEN HOSPITAL

House Physicians (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL

House Physicians (*Pre-Registration*) .. 2
(1 to commence 15.6.61, locum from 30.5.61.

House Surgeon (General Duties) (*Pre-Registration*) 1
(To commence 15.6.61, locum from 27.5.61).

House Surgeon (Orthopaedics) (*Pre-Registration*) 1

NEW CROSS HOSPITAL

House Surgeon (General Duties) 1
(*Pre-Registration*)

ORPINGTON HOSPITAL

House Surgeon (General Duties with Gynaecology) (*Pre-Registration*) .. 1

House Surgeon (General Duties with Physical Medicine (*Pre-Registration*) .. 1

PEMBURY HOSPITAL

House Surgeon (*Pre-Registration*) .. 1

House Surgeon (with Orthopaedics), (*Pre-Registration*) 1

House Physician (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL

House Surgeons (*Pre-Registration*) .. 2

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

J. B. BLAIKLEY,
Superintendent.

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1961 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 5, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 6, 5, 3 or 2 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.

Assistants to the Visiting Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5, 3 or 2 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

***Minor* Oral Surgery**
Part-time Registrars to attend on 6 or 3 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 or 5 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomon's Centre for 1 session per week.

Dental Staff Officer
1 Dental Officer.

The posts will be subject to the Terms and Conditions of Service of Hospital and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, which when completed should be returned not later than **Friday, 28th April, 1961.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st June, 1961. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by the 22nd April, 1961, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (middle grade) in the Department of Clinical Pathology** with duties to commence as soon as possible until 30th September, 1961, in the first instance.

Application should be made on a form obtainable from the Superintendent, Guy's Hospital, S.E.1, not later than **22nd April, 1961.**

GUY'S HOSPITAL MEDICAL SCHOOL S.E.1.

Applications are invited for the post of **Junior Lecturer in the Department of Anatomy** from a date to be arranged until 30th September, 1961, in the first instance. Salary will be in the scale £950x£50 to £1,150 plus £60 London Allowance with superannuation and family allowances.

Applications should be submitted on a form obtainable from the Dean, Guy's Hospital Medical School, S.E.1, not later than **15th April 1961.**

AMENDED NOTICE

Applications are invited for the post of **Senior Lecturer in the Department of Clinical Pathology.** Appointment is to date from as soon as possible until 30th September, 1962, in the first instance. The applicants should preferably have a special interest in Bacteriology. Salary is within the range of £2,000x£100 to £2,400, according to qualification and experience, with superannuation and family allowance.

*Application should be made on a form obtain*able from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **15th April 1961.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar (middle grade) in the Radiotherapy Department** with duties to commence as soon as possible, and the appointment will date until 30th September, 1962. Preference will be given to applicants with a higher degree in Medicine or Surgery. The Department is fully equipped for all forms of irradiation including a linear accelerator, caesium and cobalt units, and facilities are available to study for the D.M.R. (T).

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **22nd April, 1961.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar (Middle Grade)** for one year commencing on 1st July, 1961. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by 29th April, 1961, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, London, S.E.5.

GUY'S HOSPITAL MEDICAL SCHOOL

Sands Cox Scholarship in Physiology

March, 1961

The following award has been made :

M. D. Middleton—Scholarship

Michael Harris Prize in Anatomy

March, 1961

The following awards have been made :

P. A. Sims — Prize
B. H. Hicks — Certificate

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examination
Hilary Term, 1961

Pharmacology and Principles of Therapeutics
G. D. Nicholson

Special and Clinical Pathology
J. G. F. Fraser

CONJOINT BOARD

L.R.C.P., M.R.C.S.
Physics
M. O. Pearce

UNIVERSITY OF CAMBRIDGE

Pharmacology
Lent Term, 1961
D. T. Mansie D. J. H. Richmond

NURSING NEWS

Entered :
Sister F. Cole to *Theatres.*
Sister M. Fabling to *School of Nursing.*
Sister Rossie to *Nurses' Home.*
Sister M. Yule to *Nuffield A.*
S/N Delehanty to *New Cross Theatres.*
S/N M. Taylor to *New Cross Theatres.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bradbeer, John W. A Solitary Simple Cyst of the Stomach. *Proc. R. Soc. Med.*, 1961, 54, 158.

Campbell, A. M. G. and others. The Rigid Form of Huntington's Disease. *J. Neurol. Neurosurg. Psychiat.*, 1961, **24**, 71.

Campbell, Maurice. Place of Maternal Rubella in the Aetiology of Congenital Heart Disease. *Brit. med. J.*, 1961, *i*, 691.

Campbell, Maurice and Polani, P. E. The Aetiology of Coarctation of the Aorta. *Lancet*, 1961, i, 463.

Dowling, G. B. Bechet's Disease. *Proc. R. Soc. Med.*, 1961, 54, 101.

Enticknap, J. B. and others. Blood Lipids in *Psoriasis. The Effects of "Lipostabil". Brit. J. Derm.*, 1961, 73, 99.

Harrison, D. F. N. Oro-antral Fistula. *Brit. J. clin. Pract.*, 1961, 15, 169.

Kark, Robert M. and another. The Toxaemias of Pregnancy and the Renal Lesion of Pre-eclampsia. *Amer. J. Med.*, 1961, 30, 181.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases 5*s*.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For *Mental Cases* (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

SOMERSET. Assistant Dental Surgeon for branch practice with living accommodation. Box No. 264.

TWO GUY'S DENTAL SURGEONS wish to purchase busy mixed practice within 50 miles of London. Box No. 265.

ASSISTANT DENTAL SURGEON for busy single-handed practice (with a country branch), approx. 40 miles north of London. Possibility of partnership later for the right man. Remuneration by arrangement. Box No. 266.

NEW CROSS. Firm of three doctors require part-time receptionist to assist present staff of two. Well organised modern surgery. Dr. B. Pereira, 27, Clifton Rise, S.E.14.

SOUTH LONDON. Wallington. Vacancy June or July. Conscientious Dental Surgeon. Own surgery, practice and nurse. Airotors, X-rays, Units, House or Flat available if required. High percentage remuneration. Full appointment book. Box No. 267.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

John Lissenden, M.B., B.S., Royal Naval Air Station, Hal Far, Malta, G.C.

Dr. Lionel Balfour-Lynn, 31, Weymouth Street, W.1. Tel. Welbeck 7545.

Dr. Ian McColl, 21, Hatfield House, Golden Lane Estate, E.C.1. Tel. Clerkenwell 1650.

M. D. Robson, M.B., B.S., Rothschild Hospital, Haifa, Israel.

W. M. E. Tweed, M.B., 102, Worth Road, Pound Hill, Crawley, Sussex. Tel. Pound Hill 2301.

BIRTHS

BURROWS.—On 27th March, 1961, to Jane (née Eves), S.R.N., and Brian Burrows of Five Ashes Farm, Walker Barn, Macclesfield, a daughter (Joanna), sister for Stephen.

FARNAN.—On 21st March, 1961, at Mayday Hospital, Croydon, to Jean (née Fuller), S.R.N., and James Farnan, a son (Arthur George Stuart) brother for Sarah and Judith.

OAKLEY.—On 28th March, 1961, at Southampton General Hospital, to Pamela (née Weiss), and John C. Oakley, M.B., B.S., a daughter (Karen Pamela).

O'BRIEN.—On 29th March, 1961, to Shirley (née Chambers), and Pat at Farnborough Hospital, Kent, a son (Patrick Jeremy), brother to Helen and Anna.

MITCHELL.—On 1st December, 1960, at Tournay, Barley Lane, Exeter, to Jean (née Hopkins), S.R.N., and Geoffrey Mitchell, M.B.I.E., a son (Guy Geoffrey).

ROBERTSON.—On 31st March, 1961, at the Louise Margaret Hospital, Aldershot, to Anne (née Hill), S.R.N., and David Robertson, M.B., a second daughter (Margaret Clare).

TRUSTED.—On 23rd March, 1961, to Jennifer, wife of Dr. Hugh Trusted, at the City Maternity Hospital, Exeter, a son.

MARRIAGE

SHERWOOD—GOOCH.—On 11th March 1961, Thomas Sherwood, M.B., B.S., to Margaret Gooch, S.R.N.

DEATH

JAMES.—Peacefully at Redhill County Hospital after a long illness John James, F.D.S., R.C.S., beloved husband of Joan.—Penlee, Horley, Surrey. Aged 66 years. Funeral private.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1898 22*nd April* 1961 *One Shilling*

PASSIM

EVERY Journal seems to be talking about it, so we would add our own contribution to the congratulations from the West to the Russian engineers, doctors, and technicians who have put the first man into space. There is just a chance that a Guy's man East of the Iron Curtain (exiled or touring) will get a pleasant surprise when he picks up this week's issue and is made to realise in the first sentence that *Passim*, when pushed, can rise nobly to these Big Occasions in World Affairs. The somewhat cynical and sometimes sceptical way in which the non-participating countries have reviewed the space race over the last four years has rather overshadowed the tremendous enthusiasm aroused in engineers and doctors who have known that men were being trained to withstand the hypothetical stresses of space-travel and who now know that the stresses are not only real but also superable.

Research into physiology has always been the basis of medical advancement, and it seems impossible that the study of man for long periods in a totally strange environment cannot have more general medical significance or implications than immediately meets the eye; at this early stage the interposing barriers must come down, not enough to preclude the continuation of the space race (competition seems to get results), but enough to satisfy the physiologists; and in other directions enough to relieve the wide-spread suspicion and fear of subversion and ulterior motive which greets every small bleeping capsule which orbits harmlessly in the space above our heads.

Major Yuri Gagarin has earned our respect and admiration; when we heard a young American sailor declare that he would only be convinced of the Russian success by a circular to that effect from the U.S. Navy Staff Office, the Major also has our sympathy.

For a brief period recently the cacophonous machines (? Emett) ridden by the gentlemen of the Works Department in their excursions from garbage collecting centre to disposal point were replaced by shining blue but above all, silent trolleys. We shall not easily forget the ominous pause which interrupted a senior surgeon's round on *Job* balcony regularly every Monday afternoon in the summer while the laundry

for Hunt's House clattered by below. Such moments have passed, however, and we applaud this innovation (quietly of course), while hoping that the Department responsible will buy lots of such blue machines so that we can have lots of silence.

At this time of the year when spring is settling in and drawing more people out into the Park for their lunch-hour, it seems worth while reiterating the Superintendant's request of last year for greater care to be exercised in keeping the Park free of débris. It is one of the Hospital's most treasured possessions and should be jealously guarded as such; this can only be done by an increased awareness by all in the Hospital that not only does the Park provide a service for the students and staff but also an ambulatory space for patients which must be unique among the London hospitals. In deference to the patients and to the gardeners who do such splendid work on the flower beds, let us keep it so.

IN BRIEF:

The title of Professor of Orthodontics has been conferred upon Dr. D. P. Walther of the Royal Dental Hospital.

Dr. L. Haas has been appointed consultant paediatrician to the Torquay Area.

Prince Bertil of Sweden has appointed Dr. J. D. Ebsworth and Mr. S. M. Cohen as Knights of the Order of the Pole Star. They were amongst the doctors who attended him recently at the King Edward VII Hospital.

The Evelyn Sprawson prize of the Royal College of Surgeons has been awarded to J. J. Mather, a Guy's dental student.

GUY'S DIARY

APRIL Surgical Exhibition. *The Acute Abdomen.*

24th	M	1.00	Sir Russell Brock. Clinical Lecture. *Chest Injuries.*
25th	T	1.00	Dr. Bishop. Clinical Lecture. *Cushing's Syndrome.*
28th	F	1.00	Dr. Houston. Clinical Lecture.

MAY

1st	M	1.00	Dr. Helliwell. Clinical Lecture. *Is the new Central Sterile Supply Department really necessary?*
2nd	T	1.00	Mr. Schurr. Clinical Lecture. *Dural Defects.*
4th	Th	1.00	Mr. Glover.
5th	F	1.00	Dr. Joimer. Clinical Lecture.
15th	M	1.00	Dr. Fleminger. Clinical Lecture.
18th	Th	1.00	Mr. Cook. Clinical Lecture.

NOTICES

THIRTY CLUB

The Annual Dinner of the THIRTY CLUB will be held on Friday, 12th May, 1961, at The Royal Air Force Club. Dr. E. J. Crisp in the Chair. Detailed notices have been sent to all members. Will those members who have not yet replied please do so as soon as possible.

J. J. CONYBEARE.
W. D. DOHERTY.

SPORTS DAY WILL BE HELD ON SATURDAY, 3rd JUNE AT HONOR OAK PARK.

ROMANOFF AND JULIET

The undoubted talents of Mr. Peter Ustinov have earned him a well-deserved ubiquity in contemporary theatre. "Romanoff and Juliet", one of his most recent plays, constitutes a happy and fitting choice for the Theatre Club which has shown, in its more recent productions, a laudable tendency to avoid the "old chestnuts" of the amateur stage. A happy choice, but also an ambitious one. For Ustinov's characters, although symbolic—even the "smallest country in Europe" is a Utopian symbol—should nevertheless carry with them the conviction of reality, if the play is to make its full impact. This mixture of allegory and fact is a tall order for the amateur actor, and the cast is to be congratulated on achieving more than partial success on this score.

A rather slow first Act—and this is often and understandably the way with the amateur production—was well compensated for by a lively and interesting treatment of the second and third Acts. In terms of action, scene followed scene with promptitude and efficiency, credit for which must go to Mr. Harry Griffiths and his production team. A major contribution to this speed of sequence was also undoubtedly effected by Mr. Christopher Tomlins and his assistants, who deserve high praise for their mechanical ingenuity in producing a set of near-professional standard in a place where, in the writer's own experience, the production of even a single-scene set offers major problems. This was, perhaps, the greatest triumph of the evening. Space does not permit separate mention of members of all the other departments of the production teams—electricians, property team, wardrobe, etc.—but it is hoped that all those concerned in backstage activities will gain satisfaction from the knowledge that their contributions to the final result were sufficiently individual to be noticed with pleasure, each "department" in its own right. Before leaving this subject, comment should be made on the generally high standard of make-up which does not, however, appear to have been the specific responsibility of any one individual.

The frontstage performances were of a good all-round standard.

The General, used by Ustinov somewhat as Shakespeare used his chorus—to set the scene and point the moral—also uses, during the action of the play, the calculating cunning of his bland diplomacy to fashion events to his own ends. This important role was effectively undertaken by Mr. Mike Crowe, whose confidence and clear delivery did much to bring the part to life. He was well supported by his "army", Messrs. Tim Cheeseman and Roger Davies, who could only be faulted by an occasional tendency to rush their lines.

In depicting the contrasting philosophies of East and West, represented by the Russian and American ambassadors with their respective families, Mr. Ustinov gives himself full opportunity for indulging in the kind of satirical "character" writing at which he excels. Mr. Malcom Burke, as Hooper Moulsworth the All-American Ambassador, conveyed an amusing transatlantic flavour to his interpretation, and was well supported by his wife Beulah, played by Miss Merilyn Callieu. Their daughter Juliet, played by Miss Anita Good, would have convinced more, had she managed to master the conventional accent which the British audience have come to expect as a routine ingredient in such parts.

The Romanoff family, Vadim, Igor, and Evdokia—respectively Messrs. William Norman, Tim Peet, and Miss Christina Lawrie, could all, with advantage, have underlined their characters more strongly in order to effect the deep contrast which was needed between East and West. However, the father contrived to put over the tired, sad disillusion of Russian middle age, while his wife scored heavily in her delightful handling of the "little hat" sequence, with its undertones of guilt and wistful femininity. Mr. Ian Reed brought some life to the part of the Spy, one of the few roles in the play which does not offer a great deal of "meat", but, here again, a more forceful interpretation of the cold, sinister flavour of his early sequences would have afforded more contrast with his behaviour after "conversion".

Miss Lynne Cooper, as Marfa Zlotochienko, handled her version of virile Russian womanhood with competence. As Freddie, Juliet's All-American boy friend, Mr. Peter Inward tackled his part with efficiency—it offered only modest scope for "acting"—but again the requisite accent was somewhat lacking. The fact that the Archbishop was a real gift for the occasional actor must not be allowed to detract from the credit due to Mr. Matthew Lewis, who gave the part its full value; a delightful performance, in which his quavering ecclesiastical intonation was delivered with beautiful timing.

Altogether a very creditable production from the Theatre Club, which gave a great deal of pleasure to the writer's audience and, no doubt, to those who visited the Physiology Theatre on the other nights of the play's run. This, like so many other public performances at Guy's, surely deserves to have as its setting a situation far more suited to its needs than the cramped and utterly unsuitable confines of the Physiology Theatre. And it is a sad and pathetic reflection on present hospital resources that, were it not for the continued kindness and generosity of Professor Spurrell, there would be no place in the Hospital in which extra-curricular activities of this kind could be carried out.

J.M.H.

KEATS

as a medical student

by PHILIP SNOW

On 1st October 1815, John Keats signed the register at the Guy's Hospital medical school, and he remained there, a conscientious medical student, till October 1816 when he qualified. No one could accuse Guy's of neglecting Keats since then, because by this time the hospital is liberally littered with plaques, busts, pictures, and writings, to commemorate those few unostentatious months of his life. Numerous people have delved into the records to find out where he lived, with whom, what he did, what Astley Cooper thought of him, what he thought of Astley Cooper, and various other erudite facts. But no one has ever speculated outright on what precise effect, if any, the experiences of a medical student had on the developing poet.

Keats had been born in 1795 in Finsbury, the son of an upright, militarily minded ostler, and a flirtatious but practical mother. Together with his two brothers and one sister, he was orphaned at an early age, and passed under the guardianship of one Richard Abbey, a man who, although he intended well, did not understand the value to the world of a poet and dreamer such as his oldest ward appeared to be. Because already, at his school, Keats had come into contact with the radical feeling that permeated art and politics at that time. His headmaster's son, Charles Cowden Clarke, mixed with some of the most notorious rebels in the country and, finding that Keats was a ready and intelligent follower, he soon took the young man under his wing and instructed him in the rudiments of angry young manship. The relationship nearly came to a sudden end when Abbey removed Keats from the school, but as he apprenticed him to Mr. Hammond, a surgeon of Islington, a mere stone's throw from the school, the two young men still saw each other frequently. Hammond was an extremely conservative and unimaginative man. His practice covered a large middle-class area, and to Keats' fiery temperament the constant, tedious atmosphere of suburban sick-rooms, pills, pains, and hypochondriacs, with the occasional sight of horrifyingly real suffering, must have been anathema. Particularly as it was at this time that Cowden Clarke introduced him into the circle of that eminent, notorious, unscrupulous rebel, Leigh Hunt.

Leigh Hunt was at the centre of the Literary rebellion. Born the son of a clergyman, he had come up to London at an early age and soon founded his famous radical newspaper *The Examiner*. This organ was primarily of a literary character and devoted itself to propagating the gospel that was then becoming fashionable in literary circles, that poets must leave the elegant, neo-classical, dignified styles of men like

Pope and Johnson, and return once more to a freer, more romantic and feeling type of poetry. Had Leigh Hunt confined his pioneering to his literary message, he might have lived to become respectable. But unfortunately he attacked too the artificiality and lack of sincerity that permeated the politics of that time. In 1811 came his famous slanging of the prince regent, describing him as "Posing as an Adonis of virtue of loveliness, when he is actually a corpulent and dissipated man of 50 years, a violator of his word, a libertine head over ears in disgrace, a despiser of domestic ties, the companion of gamblers and demireps." After this, hardly surprisingly, he was imprisoned. Unperturbed he painted his cell with murals and floral patterns, planted a garden outside the door, and held open house to the wit and beauty of London. Byron, Wordsworth, Lamb, Coleridge, Haydon, and a bevy of others, defied convention and visited him. He also busied himself with a poem, "The story of Rimini", which was to embody the principles of the new movement in literature. The closing couplet:

"The two sublimest things this world has got,
A lovely woman in a rural spot,"

are all that one requires to realize the moral tone and literary style of this extraordinary work. When he left prison, Leigh Hunt was the acknowledged leader of the new group.

And it was to this man, flushed with his new-found fame, that Clarke presented Keats, the innocent surgeon's apprentice from bourgeois Islington. What Leigh Hunt thought of the poet we do not know, but with the poetry he was highly impressed, and realized that this young man was going to the front in the new generation of poets. Keats' work at this time was competent but not exactly tinged with fire. There were a few idolatrous sonnets, some to Leigh Hunt himself. Imitations of Spenser, which were recognizable but unoriginal, lines written to some of the people he had met in the course of Hammond's round, all tinged with a milky innocence of inspiration and execution that was soon to disappear. For at Leigh Hunt's house in Hampstead he began to mix with the people who were at the forefront of the movement. Wordsworth, pompous, humourless, dignified, yet whose poem "Tintern Abbey" was to become the guiding light and inspiration of so many of the younger men. Lamb, witty and ever original, Coleridge, whose every phrase bore the mark of a new gospel, Shelly the impassioned rebellious aristocrat. In this company Keats was in his element. And it was just as he began to find his feet among them, that the first crisis in his medical career occurred. He quarrelled with Hammond, and, breaking his contract, was forced to finish his medical training at Guy's Hospital.

Guy's at that time was no haven for a sensitive and romantic spirit. Not that Keats was the milk-blooded weakling that some people have imagined, in fact those who knew him well described him as an unusually pugnacious young man. And at Guy's a certain toughness and callousness was necessary. At that time St. Thomas's stood on the other side of the street and the two medical schools were combined. Work began for the students at eight o'clock in the morning, and with all the rounds, operations, lectures, and dissecting periods, it lasted till eight o'clock at night. The students themselves, so we learn from contemporary

reports, were a rakish lot, and although they were mostly very hard up they contrived to cut quite dashing figures, wearing fashionable clothes, and spending their nights playing billiards, holding dinner parties, and dancing. Their sense of privilege was more apparent than their sense of vocation and the patients in the hospital were to them merely the vessels on which they practised their trade. Operations were grisly. They took place on Friday midday: at Guy's at twelve o'clock, and at St. Thomas's at one o'clock, so that as soon as the list was finished at Guy's the shouting, jostling mass of men poured down the stairs and across what is now the car park to the St. Thomas's theatre, where the first patient was strapped still conscious to the operating table. Competition for the best places was very close and all through the operation those at the back shouted "heads" to indicate that those at the front were obstructing their vision. To indicate the horrors of the operation I need only quote the words of a medical student at St. Thomas's writing home in 1805. "I have seen several operations since I wrote last and mind nothing about it. The more the poor devils cry, the more I laugh with the rest of them."

Apart from operations there were lectures on anatomy and physiology and we possess Keats' notes taken at these. We find the aspiring poet assidiously noting down how to tell the difference between a femoral and an inguinal hernia, the prognosis in fractured pelvis, the injuries causing fractures of the head of the femur, and the fact that "When a disease defeats the physicians completely as to its cause, they describe it as nervous". This latter fact he culled from Astley Cooper who was the surgeon most well known at Guy's at that time. It is probable that Astley Cooper, with his wonderful charm and personality influenced Keats as much at this time as did any of the literary friend who thronged Leigh Hunt's house. Astley Cooper was worshipped by his students. His lectures on anatomy and surgery were always delivered to capacity houses. On the day of his round, an enormous crowd of students were gathered in the Colonnade waiting for him, and when his carriage came rolling up to the steps, he was out and bounding up the stairs to the wards, almost before the horses had stopped. His rounds lasted a bare forty-five minutes but left everyone completely exhausted. He was a brilliant operator and after his appointment, his two seniors Lucas and Clare, never operated without his being present. He was a man of deep emotions and once burst into tears in front of his students when he was shown a young boy with a then untreatable sarcoma of the tibia, yet in the pursuit of knowledge and the furtherance of surgery, he was ruthless. "There is no man," he said "Whose body I will not have, if I want it", and in the furtherance of this aim, he was notorously familiar with the resurrection men. These were the mysterious characters who came slinking down the alleys between the Borough High Street and Guy's, late at night, with bundles wrapped in sackcloth, under their arms. They were typical of the sordidity, the dirt, and the horror that was an essential part of every doctor's life in those days.

We have evidence to believe that Keats was a conscientious student who did not make himself conspicuous. His note books are neat and accurate. Within a few weeks of entering Guy's he was promoted to the post of dresser to Mr. Lucas, a position of great authority, almost

equivalent to a house surgeon today. And Astley Cooper picked him out from among the crowd of students, and helped him along, even suggesting that he should lodge nearer the hospital, and finding him a room in that house just outside the hospital which now bears his name. Had Keats become dresser to the inspiring Mr. Cooper, instead of to the shuffling incompetent Mr. Lucas, we might today have had a bust of John Keats, surgeon, instead of a plaque to John Keats, Poet, in the medical school hall. But this was not to be, and while we have evidence that Keats was conscientious, there is no evidence that he was enthusiastic. Nowhere in his letters does he mention any of the aspects of the life I have described above. To one friend he wrote: "The Borough is a beastly place, in dirt, turnings, and windings," a terse enough comment. To another he wrote: "The other day, I was sitting at a lecture when there came a sunbeam into the room, seeming full of dancing fairies. And in an instant I was off with them to Oberon and Fairyland". These words do not suggest an underlying passion for medicine, and in fact at Guys, Keats had a reputation for having a literary bent. People, knowing of his famous friends, used to ask him what he thought of certain writers of the time. There was a window in St. Thomas's Street where he sat for hours at a time in thought, and in time it became known as Keats' place. It was there on a January morning in 1816, that he had that famous conversation with his room mate. He was sitting there ruminating when he suddenly called out to his friend a line of poetry that had just passed through his mind.

"A thing of beauty is a constant joy. What think you of that Stevens?"

Stevens replied "It has the true ring, but it lacks something."

Keats thought for a moment, then shouted back. "How about, 'A thing of beauty is a joy for ever'."

What Stevens replied to that, we do not know, but a century later Sir William Hale-White commented that "Thus was born one of the most unperishable lines in the whole of English poetry". He was of course quite right, but this was only one moment of glory, in the dross of Keats' career at Guy's. We cannot claim that Guy's was a period of great work in the life of Keats, for in fact we are not sure of any one poem that he wrote there. But there can be no doubt that, after his middle class upbringing, and his tedious frustrating year as Hammonds' apprentice, broken only by the visits to Leigh Hunt, the few months at Guy's must have opened his eyes to the world around him. Guy's itself, a little island of Georgian dignity in the midst of the squalor and beastly chaos of the borough. The suffering, or desperation, and hopelessness of the patients, contrasted with the jollity, the thoughtless happiness of his fellow students. His teachers, powerful characters like Astley Cooper, and at the other end of the scale the sordid resurrection men, the undertakers, the beadles. His contact with these things set him apart from men like Shelley and Byron, the public school and university trained romantic poets. It was these extremes of their kind, these searing contrasts, that acted on his nature to make him the great poet that he was, and the great dramatist that he might have been.

And yet when he left Guy's, he experienced a sort of reaction against the life he had left behind. His first long work, at which he worked during most of the year 1817, was "Endymion". The story of

how this came to be written is very important in the understanding of Keats' life. The plain fact is that he had grown tired of Leight Hunt. Keats himself was five feet tall, spotty, clumsy, and completely lacking in social graces. Small wonder that the elegant Mr. Hunt began to irritate him. Yet it was in the Hunt circle that he found his new leader, the sculptor, Benjamin Robert Haydon. Haydon was like Keats, small, ugly, and not a great social success. Yet he possessed boundless energy, and enormous faith in his ability to fulfil his life's two ambitions. These were to save the Elgin marbles from destruction by having them brought to Britain and, secondly, to found in England a great school of historical painting. In the former he succeeded, but in the latter he was a tragic failure. Inspiration always ran higher than execution. He painted picture after picture, enormous flaming canvases of everything from "Christ entering Jerusalem" to "Wellington on the field of Waterloo". He mixed with all the great artists and writers of his time, noted down their sayings in his diary, painted them into his pictures, and lectured them on his views with a persistence that won its way to their hearts by sheer enthusiasm. But there was something missing that is essential to true genius, and in the end, the realization of this drove Haydon to suicide. He was the saddest failure the world has ever seen. But at the time of meeting Keats he was at the peak of his enthusiasm. Keats was overwhelmed. Suddenly he realized that what was wanted of him was something enormous, something that would embody in one full swoop, everything that was great in art, the atmospheric power of Spenser, the majesty of Milton, the craftsmanship of Pope. And what better tale to carry the can, than the story of Endymion, which had obsessed him now for three years.

And so it began:

"A thing of beauty is a joy for ever,
Its loveliness increases, it will never
Pass into nothingness but still will keep,
A bower quiet for us and a sleep
Full of sweet dreams and rest and quiet breathing—"

In these lines are contained the theme of the poem, which Keats intended should run like a purple thread through the whole narrative. In this at least he failed. The theme is in fact defined with tolerable succinctness at the beginning, and emerges battered but triumphant at the end. In the middle, however, and the middle consists of about four thousand five hundred lines, it is buried beneath a mass of magnificiently sensual, and largely irrelevant delights, that make even the excesses of Wilde look like the products of a classical revival. The story tells of Endymion, a shepherd king, who falls in love with the Goddess Diana, and dreams one night that she descended to him out of the moon and returned his affections. So powerfully does this affect him that he leaves his home to search for the goddess, and it is the ramifications of this search that provided Keats with his most luscious material. The search is abortive and he meets, instead, a mysterious Indian maiden who proves to be a not unpleasant alternative. Together they wander, till Endymion realizes that the good time cannot last, and says that they must meet once more, and that for the last time. At this last meeting, the Indian maiden obligingly turns out to be the goddess in disguise, and Endymion overjoyed, returns with her to her kingdom. Thus Keat

indicated symbolically, that what we have loved on earth is immortal, and, in fact, that a thing of beauty is a joy for ever. The effort of reaching this conclusion took him about a year's solid work, travelling from place to place, and observing, meditating, forever searching out new ideas. It is a magnificent work, if we read it realizing that it is the first aspiration of a young man, but the critics of that age, being used to more disciplined talents, judged it harshly.

"It is a better and wiser thing", wrote one, "to be a starved apothecary than a starved poet. So back to the shop Mr. John, back to the plasters, pills, and the ointment boxes. But for heaven's sake, young Sograd o, be a little more sparing with the attenuatives and soporifics in your practice, than you have been in your poetry". When he read this, Keats must have ground his teeth and cursed his medical training, but he was a strong-minded young man and it is not true that these intrigues were instrumental in bringing about his death. Probably he realized that Endymion was not a new "Paradise Lost", and with this realization in mind he was ready, with the experience thus gained, to embark on a new set of works.

On 3rd May 1818, he wrote a letter to one of his London friends, that marks the turning point in his career. The transition from the boy to the mature poet. It was written from Teignmouth where he was nursing his brother Tom, who was dying of tuberculosis.

"When the mind is in its infancy, a bias is in reality a bias, but when we have aquired more strength, a bias becomes no bias. Every department of knowledge we see as excellent and calculated towards the great whole. I am so convinced of this, that I am glad I have not given away my medical books, and I shall look over them again."

Later on in the letter.

"After all there is certainly something real in the world. Moore's present to Hazlitt is real. I like that Moore, and am glad I have met him. Tom has spat a little blood this afternoon and that is rather a damper—but I know, there is certainly something real in the world". The realization that reality had some significance, and some importance was new to Keats. He summed up the development of perception beautifully, later in the letter.

"I compare life to a large mansion of many apartments, two of which only I can describe, the doors of the rest being as yet shut upon me. The first we step into we call the infant or thoughtless slumber, in which we remain as long as we do not think. We remain there a long while, and not withstanding the doors of the second chamber remain wide open, showing a bright appearance, we care not to hasten to it: but are at length imperceptibly impelled by the awakening of this thinking principle within us—we no sooner get into the second chamber which I shall call the chamber of maiden thought, than we become intoxicated with the light and the atmosphere: we see nothing but pleasant wonders and think of delaying there for ever in delight. However, amongst the effects this breathing is father of is that tremendous one of sharpening one's vision into the heart and nature of man—of convincing one's senses that the world is full of misery and heartbreak, pain and sickness and oppression—whereby this chamber of maiden thought becomes gradually darkened and at the same time on all sides of it many doors are set open—but all dark—all leading to dark

passages. We see not the balance of good and evil. We are in a mist. We are now in that state. We feel the 'Burden of the mystery'."

As he wrote of pain, heartbreak, sickness, misery and oppresion, Keat's mind must have raced back to the wards and theatres at Guy's. For the first time he was realizing that there was the material for a great deal of poetry. But this was not the only factor darkening his chamber of maiden thought. His brother Tom was dying. The critics were ravenous. Money was short. His lowering enthusiasm for Haydon was leaving him without a confidante and adviser. And then, in the springtime of his awakening genius, he met Fanny Brawne.

Fanny Brawne had come with her family to live next door to some of Keats' Hampstead friends. Keats described her as beautiful and elegant, graceful, silly, fashionable, and strange. But then Keats was in love with her almost from the moment they met. Less impassioned viewers have given us the description of a petite, plump but fairly pretty, young girl. Not particularly intelligent, but fond of dancing, parties, fine clothes, and big occasions. She was in fact the exact opposite of Keats and in view of this fact it is hard to see why she tolerated him. He was a penniless and unsuccessful writer. He could talk of nothing but literature, he was clumsy and ill at ease in any company with which he was not completely familiar. Yet for Fanny he must have possessed something, because when he professed his undying affection for her in a letter, she reciprocated the affection. Like all women she feigned horror at first, at his overwhelming passions, but she soon got used to them, and the letters which gave Victorian England such a shock when they were discovered in 1860, appear to have caused Miss Brawne no qualms at all. So the little romance prospered, and with this in the background, Keats entered the most prolific period of his life. Poem after poem poured away from his pen. For the first time he was able to combine that sensuous moving style that had permeated "Endymion" with the deeper feeling for human emotion and human need that had been growing on him ever since he left Guy's.

"The Eve of St. Agnes", "The Pot of Basil" "Hyperion", are all long poems over each of which he threw a single atmospheric effect, in a way that has never been surpassed. "The Eve of St. Agnes", with its tapestry-like mediæval feeling became the cornerstone of the entire preraphælite movement. The metaphors of this poem conjure up visions of Millais and Holman Hunt. The beadsman's "Frosted breath, like pious incense from a censer old". or the chapel tombs where "Shielded scutcheons blushed with blood of queens and kings". It is almost impossible to believe that the poem was written before the pictures were painted. And of course, in the same mood is "La belle dame sans merci", which of its kind is so perfect that either one must quote it entire or not at all.

But the crowning glory of Keats' life was undoubtedly the odes. In these, apart from the odes to Autumn and to Fanny, which are purely descriptive, he is searching again for the precise relationship between beauty and reality. In Endymion, he had stated quite plainly that beauty is reality and that is all. Now, with his deeper perception he realized that in a world where reality seeems to be for most people sheer unpleasantness, this view had become untenable. The new view

that he reached, in fact whether or not he reached one, is still a sore point among high powered critics. I would however for the purposes of this essay, like to take two quotations to embody the odes.

One is the first two lines of the "Ode to a Grecian Urn". It represents the highest point of his achievement as a lord of language. In Endymion he had experimented with words as a means of conveying emotions. In "St. Agnes" he had brought this technique to such heights of perfection that the effect is almost pictorial rather than poetic. And in the "Ode to a Grecian Urn," it becomes mystical.

"Thou still unravished bride of quietness
Thou foster child of silence and slow time."

Read those lines, and one cannot explain what they mean. Yet in the context of the poem one cannot deny that they mean an awful lot. This is what Oscar Wilde meant when he said "Language is the parent, not the child of thought". And in his use of it, in this way, Keats is unique.

The second quotation comes from "The Ode to a Nightingale". This poem represents the high point of Keats' dissatisfaction with his old philosophy as expressed in Endymion. Those who believe that in the "Ode to a Grecian Urn" he solved his problems, believe that the "Nightingale" was the darkest time that came before the dawn. The nightingale which he heard in the dusk, on Hampstead Heath, seemed to bring back to him and crystallize with perfect clarity, the predicament in which he found himself, of being obsessed with beauty, and yet convinced of its triviality and uselessness in the face of the world's suffering. When he comes to say this in the poem, he can produce nothing more moving than a description of the hospital in which he had worked—

"Fade far away, dissolve and quite forget
What thou, amongst the leaves, hast never known,
The weariness, the fever, and the fret,
Here where men sit and hear each other groan,
Where fortune shakes a few sad last grey hairs,
And youth grows old and spectre thin and dies
Where but to think is to be full of sorrow
And leaden eyed despairs—."

But if his working life was so emotionally traumatic, his leisure was ecstasy. Daily he drew closer to Fanny, and the letters which have survived for us, suggest that she was the stabilizing influence that enabled him to embark on the vast amount of work he had planned. They never actually had a tiff but in August 1818 Keats left London without warning her, and continued his work at Shanklin in the Isle of Wight. Fanny was puzzled at his behaviour—so are we. It is possible that he felt that her love could never be consumated while he was still unsuccessful and that it would not be wise for them to become too intimate. Another explanation is that like every lover, on finding that he had become necessary to her, he purposefully deprived her of his company, for selfish reasons that he could not have explained. And it is possible that he felt he was fundamentally unsuited to her, and that a more virile man, possibly a medical student, would have been more suited to her vivacious social temperament. At any rate he wrote from Shanklin apologizing for his "flinty-worded letter" and explaining

that his "Hours were full of business, and his mind with poetry". "I see you through a mist", he said, "As I dare say you do me by this time. Believe in the first letters I wrote to you. I assure you I felt as I wrote—I could not write so now."

But it was all a snare and a delusion. He returned to London, determined not to see her. He wished to settle down to hack journalism to make a little money and support his experiments in poetry. He visited his friends in Hampstead, and there by accident he met her again. His determination was annihilated and he knew that now he could never let her go. The letter he wrote to her after this was the one that finished him completely for the Victorians, but to us puts him in a very human perspective. "You have absorbed me. I have no limit now to my love. I cannot be happier away from you. Do not threat me even in jest. I have been astonished that men could die Martyrs for religion —I have shuddered at it. I shudder no more—I could be martyred for my religion—love is my religion. I could die for that. I could die for you. My creed is love and you are its only tenet. You have ravished me away by a power I cannot resist: and yet I could resist till I saw you. I can do that no more."

After this complete surrender, the energy of the last eighteen months evaporated completely. "Hyperion" his last great poem lay unfinished, as it was destined to lie for ever. There was nothing to do but live in Hampstead, see her when he could, write little notes at every opportunity, and avoid his publishers, admirers, and creditors. It was in this torment that, on the 3rd February 1820, the last blow fell. Brown's description is all we need.

"At eleven o'clock he came into the house in a state that looked like fierce intoxication. Such a state in him I knew was impossible: it therefore was the more fearful. I asked hurriedly "What is the matter, you are fevered". "Yes, Yes," he answered, "I was on the outside of the stage this bitter day till I was severely chilled—but now I don't feel it. Fevered, of course, a little." He mildly and instantly yielded, a property in his nature towards any friend, to my request that he should go to bed. I entered his chamber as he leapt into bed. On entering the cold sheets, before his head was on the pillow, he slightly coughed, and I heard him say—"That is blood from my mouth". I went towards him; he was examining a single drop of blood upon the sheet. "Bring me the candle Brown, and let me see this blood." After regarding it steadfastly he looked up in my face with a calmness of countenance that I can never forget, and said —"I know the colour of that blood; it is arterial blood—I cannot be deceived in that colour; that drop of blood is my death warrant—I must die".

In those days tuberculosis was the most terrible disease in the whole of medicine. It did not observe the barriers of age and class. It struck out of the blue and killed relentlessly. Every medical student knew the symptoms, and the signs, and the prognosis. And Keats had been a conscientious medical student. In vain did Fanny beg him to cheer up. In vain did his friends attempt to make him forget it. They pointed out that the critics were turning in his favour. The Edinburgh papers were praising him to the skies. In London his books were selling ever faster, great things were expected of him. He could get married and write poetry for ever. They got up a fund to send him

to Italy to recuperate. But Keats was adamant. He knew that life had beaten him and that his days were numbered. He gave in to his sponsors, allowed himself to be packed off to the Continent, gazing sadly as he passed through all those cities which once would have sent the poetry welling up through his mind. In Rome, exhausted and tormented, he died, and the horror of those last few months is best told by the epitaph he wrote for his own grave.

"Beneath this stone lie the remains of a young English poet, who, torn by the ravenings of his critics, and battered by the sorrows of this world, desired at the last, in the desperation of his heart, that these words should be written over his grave. "Here lies one, whose name was writ in water."

We now know that in all the tragedies of Keats' short life, the greatest is the fact that he died on the threshold of his greatness. From Tennyson till well into the twentieth century, there was in England no poet and no movement, that he did not inspire and influence. He was as much behind the poets of the first world war, as he was behind the pre-Raphælites and æsthetes of the eighteen-nineties. Manley-Hopkins, the father of modern poetry, wrote his first published work "In Imitation of Keats". And yet this young man was for a few short months a student at this hospital. Dare we claim any part of him? Dare we claim that those months were anything more than a rude interruption to his career as poet? The answer of course is yes. Because his experiences at Guy's were among the things that set Keats apart from the other spirits of the early romantic movement. The sorrows and sufferings which broadened and humanized his outlook, were those of borough people. The drama and pathos which penetrated his every description of human relationships, were those that he learned in a borough hospital. And it was from a Southwark moon, that the goddess Diana descended, to light what has been called "the purest flame among the English romantics".

OBITER DICTA

A NURSE, on returning from a skiing holiday—

"You juggle with death all day, and a fate worse than death all night."

DR. KAUNTZE :

"The number of people taking advertised stimulants to relieve fatigue is only exceeded by those running around looking for the ideal purgative."

The first operating list New Guy's House,

signed by Mr. Massie and his assistants, with on the right some of the senior staff who were present.

GUY'S HOSPITAL

OPERATING LIST

Date Monday, 27th March 1961

Theatre I Surgeon Mr. Grant Massie Anaesthetist Dr. McConnell.

Time	Operation	Patient	Ward
2 p.m.	Cholecystectomy	Weidman	Job

Theatre Surgeon Grant-Massie Anaesthetist W.S.McConnell.

Time	Operation	Patient	Ward

Dresser: J. Maile.
Ward Clerk: J. Marshall.

REVIEWS

Bacteriology for Students of Dental Surgery. By R. B. LUCAS and IVOR R. H. KRAMER. 2nd Edition. Published by J. & A. Churchill Ltd. *Price* £1 7*s.* 6*d.*

The authors set out to write a book specifically for dental students which will provide them with a general conception of the relationship of bacteria to disease in man, and an understanding of the meaning of bacterial infection.

They describe concisely the salient morphological and cultural characteristics of organisms, omitting much of the systematic bacteriology found in larger works. They introduce the student to the part played by bacteria in disease, and give a simple and lucid account of the pathology of infection and the inflammatory reaction.

Immunity, hypersensitivity and chemotherapy are explained adequately, and they conclude with an account of the more important genera of bacteria and the diseases they cause. The natural history of organisms normally found in the mouth appropriately receives more detailed attention.

The authors have achieved their objective and have produced a consistently interesting and well-written book which is a delight to read. It provides the dental student with a balanced scheme of bacteriological principles, which will stimulate many to a more detailed study of the subject.

S.T.

Bedside Diagnosis. By CHARLES STEWARD. 5th Edition. 1960. Published by E. & S. Livingstone Ltd. *Price* £1 5*s.* 0*d.*

The aim of this book is to provide a new approach to the problem of diagnosis. As the author points out in his introduction, a symptom may have many causes and, for example, to look up dyspnœa under the diseases of the respiratory system may not provide the correct answer.

The book has many useful and interesting summaries of the pathology of symptoms and their relation to disease. In some parts of the book it suffers inevitably from the necessary classification of a single symptom. For example, gastro-enteritis is classified under five different headings in different parts of the book and under two different sites of pain. This makes the book difficult to read straight through and must, therefore, place it in the class of reference books.

One would have thought that a section or sections of symptoms of neurological and endocrine diseases would have been a valuable addition. Also in places it is not well planned. For instance, it deals exhaustively with the causes of abdominal pain in various sites and tends to become repetitive.

In a book where summary, rather than exact description is the pattern, one might expect numerous half truths and a number of mistakes. This, however, is not so. One has to search for errors.

Finally, it is a book to be consulted only after study of standard text books. If this advice were not followed the confusion which this book is supposed to avoid might well be worse confounded.

J.A.P.T.

Aids to Forensic Medicine and Toxicology. By Sir W. BENTLEY PURCHASE. 13th Edition. Baillière, Tindall and Cox. 268 pages. *Price* 12*s.* 6*d.*

This book is typical of the "Aids" series being difficult and uninteresting to read but having value as a text for revision and reference. The facts are numerous, the type small and there are four illustrations, unfortunately only showing a death certificate and a postmortem report.

It is well organised and is in three sections dealing, respectively, with the law in relation to medicine and dentistry, practical aspects of forensic medicine and the toxicology. The presentation is straightforward and there is ample use of paragraph headings so necessary in such a concentrated book.

However, with another textbook on the market which is wittily written, easily understood and profusely illustrated, albeit a little longer and more expensive, I cannot see how this edition can have much attraction for student or doctor, except that it occupies a pocket very discreetly.

Fractures, Dislocations and Sprains. By PHILIP WILES. Published by J. & A. Churchill Ltd. Pp. 67. *Price* £1 7*s.* 6*d.*

No reference book on fractures ever seems to contain a diagram or picture of the exact fracture that a patient has incurred. This new book comes as near as any other of comparable price to being comprehensive.

The novel feature is that injuries to each region, e.g. "Shoulder Dislocations" or "Carpal Fractures" are dealt with completely on two very large facing pages. The variety of lesions is beautifully displayed with X-ray pictures on one side and on the other, classification, diagram and description. Therefore, it is ideal for quick reference in a Casualty Department (the book is adapted from large display cards in the Orthopædic and Fracture Department of the Middlesex Hospital). The way in which regional injuries are dealt with under the headings Mechanism, Diagnosis, Treatment and Complications is so successful that it should have been adhered to more rigidly; in this first edition one or two of the lesions appear without a note on their mechanism.

Books of this size—the pages are 12″ by 10″—are rare, and the publishers must have had difficulty producing it. The quality and durability of the paper simply is not good enough; after one week's daily reference, several of the pages were torn at the lower inner corners. This is a pity for it is the type of book that, if strong enough, could be left with advantage in every hospital casualty department for quick reference.

R.M.

The following have been received from *Pan Books Ltd.* :—

East Wind : West Wind : BUCK.
American Earth : CALDWELL.
Skeleton Coast : MARSH and ANSON.
The Gypsum Flower : BAIR.
The Shadow of Time : LANDON.
The Case of the Grinning Gorilla : GARDNER.
Red Aces : E. WALLACE.
The Pan Book of Cage Birds : LOCKLEY.
The Four False Weapons : DICKSON CARR.
The Great Invasion : COTTRELL.
Pemmican : V. FISHER.
The Time of the Dragons : EKERT-ROTHOLZ.
Love and Marriage : CHESSER.

Hurrah for Cortisone

There once was a man who took Tab. Cortilan
Till, with ankles inflated, his gut ulcerated.
His face, very soon, resembled the Moon,
While clusters of hair appeared everywhere.
His one satisfaction about this reaction
Was girls who ignored him now madly adored him,
As avid virility replaced his senility.

L.K.W.

SPORT

RUGBY

Guy's v. London Irish

At Sunbury 25th March, 1961

Result—Won 20-8

The Hospital's season finished justly on a victorious note with London Irish defeated by a goal and five tries to a goal and a try. Guy's settled down quickly and dictated the course of the game, line forwards dominated both tight and loose and in consequence the lively Irish three-quarter line received little of the ball. When in possession, the Irish three-quarters were forced into much pointless running by the Hospital's dogged defence. With refreshing purpose the Hospital made use of Irish mistakes and moved the ball quickly to the open parts of the field.

Bernard was forced to withdraw from the selected fifteen, so that Ribiero was brought in on the wing and Biggs moved to the centre. The Irish mounted some early attacks, but Treadwell and Harris and Blackwell quickly asserted their authority in scrums and lines-out respectively. The Hospital moved play to the Irish goal-line and from an ensuing scrum scored a push-over try. The game was now won, for the Irish pack never again showed any semblance of coherent strength. Well supplied with the ball, the Hospital's three-quarters ran and passed well. A break by Boyd put Biggs through. Deceiving the covering defence with his change of speed, Biggs took play onto the Irish '25' where he gave Egwuatu a clear run in. The kick failed. Just before half-time an Irish centre picked up a loose ball and took play deep into Guy's territory. A cross-kick was gathered by an Irish forward, who touched down beneath the posts. The try was converted, such that at half-time the Hospital led by a single point.

Conditions were warm and dry, which made for open rugby. The Hospital pack were well on top and from a scrum fifteen yards from the Irish line, Cooke broke away, jinked inside the full back and raced for the line. The kick again failed. Soon after Egwuatu picked up a loose ball on the Irish '25' and running with great determination shook off several defenders to score in the corner. The kick fell short and the score remained 12-5. The Hospital back-row were quick to take on the loose ball and, following a long dribble down the field Lloyd-Edwards sent the ball out on the blind-side to Bryant, who with deceptive ease jinked back along the path of the ball and touched down near the posts. Biggs added the points. Towards the end of the game some fire returned to the Irish pack and play moved into the Hospital's half. English, for the most part gave the Irish fly-half little chance to move, but on one occasion when the ball was got away, an Irish centre forced his way over in the corner. The try was not converted. The Hospital's victory was confirmed however, when Murray, who with Boyd had had a most successful afternoon, broke away on his '25' and passed on to his partner, who then ran half the length of the field to score. The kick fell short and the game ended with the score 20-8.

The Hospital team had played throughout with confidence and skill, and it was pleasing to note that on what were probably their last appearances for the Hospital, Cooke, Harris, Knight and Treadwell played the high standard of rugby that we have always expected from them. Finally, no words of praise can be too great for English who throughout the season has led the team by an example of discipline and hard rugby.

Team : M. Pagliero; E. Egwuatu, D. Bryant, D. A. Biggs, M. Ribiero; N. Boyd, M. Murray; A. C. Knight, W. Treadwell, A. Fisher, B. Blackwell, P. W. R. Harris, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English (capt.).

GUY'S ASSOCIATION FOOTBALL CLUB

The section has this year won the League Cup of the Third League, division II of the London Business House League, which is quite an achievement as the section has only been formed for two years. The record reads :

Played	*Won*	*Drawn*	*Lost*	*Points*
18	14	1	3	29

which is quite a good record.

We have played the Medical Students twice, the first time the match resulted in a draw 3-3, and the second time the Section won 2-1. After each game a very enjoyable evening was spent in the Clubhouse. These matches have now become a regular affair as the Board of Governors have put up a trophy which will be played for next year on a goal aggregate basis. On the 25th of May the football section will go to Caxton Hall to receive the Cup and medals at a Presentation Dance.

TENPIN BOWLING

Guy's Hospital Old Hostel v. Guy's Hospital Nurses' Home

"The Story you are about to read is true—only the names have been changed to protect the Innocents"

The second match of the Old Sophians season took place at what is rapidly becoming known as 'Home', when the team took on the Nurses. The evening fell dull and murky as the boys gradually sobered up at the 'Dive', and when at last the girls eventually arrived, the by now well known convoy set off down the Commercial Road for Dagenham and the Princess Bowling Alley. Averaging a steady forty-five miles per hour, the Captain of the Hostelers driving the first car became startled to hear what he took to be a police siren, but what in fact turned out to be Joan of Arc leaning heavily on Marlon Blacklee's hooter.

The match had been arranged under the rules of the International Federation of Bowling Nurses, which demands an automatic handicap of 250 points against any team they choose to play. Despite heavy protests from Bill Hanwell that Marlon was quite enough of a handicap for any team to carry, we were forced to agree to the ruling, and the match began.

The draw for positions decided that Lolita, Mrs. Pankhurst and Calamity Jane should play on Court 1 against Birdie, John, and Big Bill Norman, the last member having been brought in at the last minute in place of our top scoring star, Malcolm Devereux. Although the general principles of the game were explained to Bill before the start, there was no doubt that he had the greatest difficulty in forgetting he wasn't still playing Cricket up at Cambridge. Whilst his peculiar style of 'bumpers' might have been ideal for disposing of Oxford Batsmen, somehow it just wasn't quite the thing for the polished pine of Dagenham.

On Court 2 Hanwell, Wally Landers and Blacklee were matched against Nellie Dean, Joan of Arc, and Anne Bolyn, and sufficient to say that the Hostelers were only eight points clear at the end of the first game. Marlon and Ann Bolyn in particular were curiously attracted by the gutters on either side; so much so that bets were being taken by the local bookie as to which gutter might be chosen next, and both Captains were discussing the possibility of inviting Harris and Blackwell to play in the 'Line Outs' in any return match.

The match continued with the Old Sophians *obviously acutely aware of their impossible task* of winning, and Nellie Dean and Lolita playing what has come to be known as 'a blinder'. Lolita for example, managed a near maximum of 25 points with her last ball of the evening, whilst Nellie Dean had been leading the field up until the sixth frame of the second game on Court 1 before folding quietly into the gutters.

Scoring

G.H.O.H.	
Bill Hanwell	174
Wally Landers	159
Malcolm Blacklee	152
John Barker	218
Alan Bird	241
Bill Norman	140
TOTAL	1084

G.H.N.H.	
Nellie Dean (I.D.)	169
Joan of Arc (S.N.)	163
Ann Bolyn (M.v.d.B.)	107
Lolita (I. McC.)	159
Mrs. Pankhurst (H.C.)	131
Calamity Jane (A.B.)	149
Handicap (See Blacklee's score above) Handicap	250
TOTAL	1128

Result : Guy's Hospital Nurses' Home won by 44 points.

Next Match—Old Sophians v. The Residents. (Date to be arranged—Coaches will be available for spectators.)

HOSPITAL INFORMATION

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road London, S.E.1

Applications are invited from fully registered practitioners for the TWO following Resident Posts, each for six months from 1st June, 1961. Both appointments are recognised for the D.C.H.

House Physician (with some Casualty Duties).

House Surgeon (in addition to general surgery, experience includes E.N.T., Orthopaedic and accident work as well as repair of congenital deformities. Some Casualty Duties).

Candidates should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials to the Hospital Secretary by first post on **Tuesday, 2nd May, 1961.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **Part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1961.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Thursday, 4th May, 1961.**

GUY'S HOSPITAL DENTAL SCHOOL

Commencing 29th May, 1961, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of 6 sessions, from 6.00 p.m. to 8.00 p.m. on 29th and 31st May and 5th, 7th, 12th and 14th June, 1961. Fee £10 10*s.* 0*d.* Further particulars and forms of application, which should be returned as soon as possible and not later than Monday, 15th May, may be obtained from the Dean, Guy's Hospital Dental School, S.E.1.

ENTRY OF STUDENTS

April, 1961

Clinical Students

C. S. Good	Marlborough College, Merton College, Oxford
D. A. McCay	Rugby School, Trinity College, Oxford
G. W. Stevenson	Marlborough College, Hertford College, Oxford

Combined Course Students

P. J. Hill	Plympton Grammar School Guy's Hospital Dental School
M. W. J. Older	Hampton Grammar School Guy's Hospital Dental School

PASS LIST

CONJOINT BOARD

D.T.M. & H.

J. B. Kelly R. D. Southcott
R. Marks

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

March, 1961
Medicine

P. P. Fanning

NURSING NEWS

Entered :
Sister Compton to *Evelina.*
Sister Hearsey to *New Cross.*
Sister Moore to *Children's Ward.* (*Night duty*).
Charge Nurse P. Hunt to *Theatres.*
Staff Midwife Lester to *Victoria.*
Staff Midwife B. Simpson to *Victoria.*
Staff Nurse Witham to *Recovery Ward.*
Staff Nurse Carvell to *Victoria.*

Left :
Sister D. Jackson from *Midwifery Superintendent.*
Sister M. Griffith from *Nuffield C.*
Sister Caunce from *York Clinic.*
Sister D. J. Smith from *Nurses' Home.*
Sister Tobin from *Nuffield A.*
Sister Richards from *Eleanor Wemyss Convalescent Home.*

The following Nurses have passed the Final State Examination held in February, 1961:—

Astbury, M.C.	Maxted, C. M.
Baker, J. A.	Mortley, S. M.
Bownass, E. L.	Muir, P. D.
Bose, M.	Newth, T. M.
Britland, J. M.	Pantin, N. M.
Clark, W. G.	Phillips, A. M.
Cornforth, A. V.	Pocock, M. C.

Cox, H. A.
Crisp, J. A.
Dean, I. E.
Dixon, M. M.
Dodds, J. M.
Edwards, S.
Felmingham, L. R.
Grice, M.
Holdaway, G. A.
Holdridge, J.
Hosking, S.
Jennings, H. B.
King, P. D.
Lamb, C. M.
Lynn, J. M.
McCrea, I. N.
McDowell, T. M.
Poole, S. C.
Porter, J. A.
Pugh, A.
Reed, C. M.
Roberts, A. C.
Roberts, P. A.
Robinson, B. B.
Rogers, P. E.
Rogers, T. M.
Rosemeyer, P. A.
Shave, P. J.
Shotter, A. D.
Vaughan, M. L.
Wilcock, J. M.
Willison, E.
Wyatt, M. C.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Amiel, Gerald J. Maternal and Obstetric Factors in Asphyxia Neonatorum with a Preliminary Report on a Possible Association with ABO Blood Groups. *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 772.

Batchelor, J. S. Hip Deformities in Cerebral Palsy. *Cerebral Palsy Bull.*, 1960, **2**, 244.

Benson, P. F. and others. Transient and Intermittent Systolic Murmurs in Newborn Infants. *Lancet*, 1961, i, 627.

Breakspear, E. K. Further Observations on Early Loss of Deciduous Molars. *Dent. Practit.*, 1961, **11**, 233.

Campbell, Maurice and Deuchar, D. C. Continuous Murmurs in Cyanotic Congenital Heart Disease. *Brit. Heart J.*, 1961, **23**, 173.

Everall, John. Fundamental Factors in the Production of Abnormal Reactions to Anti-Tuberculous Chemo-Therapy. *St. Mary's Hosp. Gaz.*, 1961, **67**, 36.

Gorer, P. A. and others. Proposed Revisions of 'Transplantese'. *Nature*, 1961, **189**, 1024.

Johnson, A. M. Norepinephrine and Cyanotic Attacks in Fallot's Tetralogy. *Brit. Heart J.*, 1961, **23**, 197.

Maizels, M. and another. The Osmotic Coefficients of Haemoglobin in Red Cells Under Varying Conditions. *J. Physiol.*, 1961, **155**, 28.

Oppé, Thomas. The Emotional Aspects of Prematurity. *Cerebral Palsy Bull.*, 1960, **2**, 233.

Rees, R. J. W. and another. Analysis of the Host-Parasite Equilibrium in Chronic Murine Tuberculosis by Total and Viable Bacillary Counts. *Brit. J. exp. Path.*, 1961, **42**, 83.

Shaheen, Omar H. Two Cases of Bilateral Branchiogenic Cysts of the Nasopharynx. *J. Laryng.*, 1961, **75**, 182.

Southwood, Stuart. Return to Normal. *Brit. dent. J.*, 1961, **110**, 170.

Stamm, T. T. Disabilities of the Foot in Cerebral Palsy. *Cerebral Palsy Bull.*, 1960, **2**, 238.

Thomas, D. A. Industrial Dentistry within the English Electric Group of Companies. *Dent. Mag. Lond.*, 1961, **78**, 9.

Timms, D. J. Case of Unilateral Mandibular Micrognathia. *Brit. dent. J.*, 1961, **110**, 202.

Turk, D. C. Shigellosis and Sulphonamides. *Lancet*, 1960, ii, 460.

Turk, J. L. Active Sensitization to Tuberculin with Cells from Tuberculin-Sensitized Guinea Pigs. *Nature*, 1961, **189**, 889.

Walt, F. and others. The Anaemias in Kwashiorkor. *Med. Proc.*, 1961, **7**, 47.

Witts, L. J. and others. Effect of Food on Absorption of Radioactive Vitamin B_{12}. *Lancet*, 1961, i, 574.

Wright, P. H. and another. Guinea-Pig Anti-Insulin Serum. *J. Physiol.*, 1961, **155**, 302.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases 5*s*.

REQUIRED

ASSISTANT DENTAL SURGEON for busy single-handed practice (with a country branch), approx. 40 miles north of London. Possibility of partnership later for the right man. Remuneration by arrangement. Box No. 266.

LADY CLERK TYPIST (age 22/40 years). 5 day week, 9 a.m. to 5 p.m., general office work, duplicating, some accounts, write—salary required and experience. *Box No. 300.*

SOUTH LONDON. Wallington. Vacancy June or July. Conscientious Dental Surgeon. Own surgery, practice and nurse. Airotors, X-rays, Units, House or Flat available if required. High percentage remuneration. Full appointment book. Box No. 267.

TO LET

CORNWALL. Four-Berth Caravan. Lovely Bay near Portscatho. Few yards from beach. Safe bathing, boating. June/July 7 Gns. Sept. 6 gns. Box No. 268.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

I. C. Roddick, M.B., B.S., 39, West Way, Shirley, Croydon, Surrey.

J. G. Holmes-Smith, M.B., B.S., 108B, Ditton Road, Surbiton, Surrey.

BIRTHS

HOLMES.—On 9th December, 1960, at Queen Charlotte's Hospital, to Margaret (née Brook), M.C.S.P., and Donald Holmes M.B., B.S., a daughter (Lindsay Caroline).

HOLMES-SMITH.—On 8th April, 1961, at Guy's, to Jennifer (née Coles), S.R.N., and John Holmes-Smith, M.B., B.S., a daughter.

LEES.—On 12th April, 1961, at St. Mary's Hospital, Manchester, to Dorothy (née Cox), and Alan Phillips Lees, L.R.C.P., M.R.C.S., a son (Paul Duncan).

MILLER.—On 18th March, 1961, at Princess Mary's R.A.F. Hospital, Halton, to Mary (née Cole), M.S.R., and Bill Miller, B.D.S., L.D.S., a son (Christopher Paul), a brother for John.

TOZER.—On 7th April, 1961, at Torbay Hospital, Torquay, to Gillian (née Davies), S.R.N., S.C.M., and Ian Tozer, L.D.S., a son (Jeremy Ian).

MARRIAGE

ABRAHAMS—CALLOW.—On 5th April, 1961, Anthony Abrahams, M.B., B.Ch., to Joy Callow, S.R.N., S.C.M.

DEATH

HUNT.—On 9th March, 1961, suddenly in Nairobi, John Howard Casson Hunt, M.B., B.Ch., son of George A. Hunt, Chevin Lodge, Farnham Green, Balper, Derby.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1899 *6th May* 1961 *One Shilling*

PASSIM

TWO years ago, a comprehensive handbook on prescribing in an attractive blue plastic wallet was issued to all doctors. This sounded like the answer to the barrage of glossy drug advertising brochures. It was not, and the latest addition—100 pink pages of amendment confirms that conclusion. The new pages contain a classified price list of Health Service articles in the most minute detail. These have been sent to all doctors, but the amount of detail is enough to deter anyone from opening it; for instance page 115, Specification 17 :

> TWO-WAY STRETCH HOSIERY
>
> **B. Elastic Yarn Hosiery**—*contd.*
>
> **Heel**—(*a*) round closed heel of Smith type, or
> (*b*) square closed heel, or
> (*c*) double fabric heel with open sides.
>
> **Construction.** (*a*) above—plain knit with
> (i) one end of 3/60s or 4/60s nylon, *or* three ends of 2/60s crimped nylon, or two ends of well-mercerised cotton not finer than 3/2/96s (without allowance for contraction in folding and cabling), *or* one end of . . . .

. . . and so it knits on (in a well mercerised way) for page after pink page. And the pages unlike those of most pharmaceutical publications cannot even be used as blotting paper.

It is difficult to evaluate drugs in the face of high pressure salesmanship. The Hinchcliffe Committee in 1959 declared that there was an urgent need for independent clinical trials of all new drugs, and made the valuable suggestion that a journal should be run by the medical profession for the profession to advise on the relative value of different preparations.

Now, the first issue of the journal to fulfil this function, *The Prescribers Journal*, has arrived; and will do so every two months. It was obvious that if it was anything like the comprehensive handbook on prescribing, it would suffer the fate of most of the ministry and pharmaceutical literature received in every post.

The first issue is rather disappointing, and we hope is not going to be too rigid a pattern for its successors. There is a great chance to produce something useful. A magazine similar to *Which* published by the Consumers Association is needed, containing frank dogmatic

conclusions about commercial products. We want to know if the latest oral iron preparation has any advantage over its thirty-five rivals. We want to know which of the various brands of meprobamate is the most economical, and if there is anything to be gained by prescribing the expensive brand.

Some pharmaceutical firms may resent conclusions given in a frank survey. That should not deter the committee of *The Prescribers Journal* from giving definite recommendations at the end of each survey in the same way as does the Consumers Association investigators for *Which.* In any case the position of the pharmaceutical companies is not all that strong; they are one of the few sections of British Industry for which a strong case in favour of nationalisation can be made. If the companies want the advantages of competitive industry, they must be prepared to have their products judged on their merit shorn of the glossy publicity aura.

We wish those responsible for *The Prescribers Journal* success, and above all courage to come out with clear conclusions in print.

"Don't talk to me about the price of drugs" says a current pharmaceutical advertisement. We are not; we just wish to know if one is better than another when both have the same chemical formula.

At the Rugby Club Annual General Meeting on 27th April, the retiring Captain T. A. H. English formally handed over to his successor, D. R. A. Lloyd-Edwards. We would take this opportunity to wish the new Captain and the team all the success, and more, that they had last season.

From the time of its formation in 1933 to the end of this year, the Guild of Ex-Patients and Friends of Guy's Hospital will have spent on additional comforts for the wards, patients, nurses and research almost £72,000. Many of the gifts to the wards ranging from ash trays and vases to headphone receivers and television sets are well known to most of us, but other less familiar aspects of its work were made clear by Miss Emily MacManus presiding over the general meeting last week. An exciting gift of a different kind is to be made shortly; the Guild is paying the entire cost of new apparatus for the Cardiac X-ray department in New Guy's House involving X-ray image intensification and closed circuit television which allow the cardiac research workers to investigate diseased hearts. All will join with Miss MacManus in hoping that the gift will bring nearer the days when there can be successful surgery for coronary thrombosis.

New Guy's House will owe much to the Ex-Patients and Friends: the 14 pianos are their gift, as are innumerable smaller amenities. The interdenominational padrés' room is to be furnished at their expense. The Guild with an annual income of nearly £6,000 has no comparable rival in any other hospital. The recent departure into subsidising vital research facilities is another indication of its progressive management.

One of the notable contributions to the history of "*Guy's Hospital*, 1728-1948" published by the *Gazette* committee ten years ago, was a section on the Dental School by F. N. Doubleday. The article in this issue concerns the early history in much greater detail and it represents, as Mr. Doubleday says, the fruits of sixteen years reading, most of it since his retirement from the staff. We are glad to have the opportunity to publish his article.

The number of Guy's men featuring on television is on the up and up; the latest addition was B. Blackwell whose début, though made while recumbent, was convincing. Psychiatry, and to a lesser extent rugby, music, and walking have all been broadcast with Guy's staff or students participating, so while we still have the talent in our midst, let us try and show the addicted public just how versatile the Guy's Community is in this respect. Doctors on the whole do not have time to rival professional entertainers, so we must muscle in on the relatively unexploited fields which television has not reached but might yet reach: croquet in the Park, or Saturday night in the Quiet Games Room, etc. The reputation of the Hospital would soar, and the effect on patients would be convincing ("That's my tendon your hitting, not a croquet ball" or "how do you expect to get into my veins after the way you behaved at that Hop on Saturday ?").

Besides, one gets paid so well.

The Inter-Hospital London to Brighton Stroll will start on Friday, 12th May, at 6.45 p.m., from the Tower of London; the Toucan will be contested by fourteen teaching hospitals and about 1,500 walkers are expected. As in previous years the winning hospital will be the one who is represented by the highest percentage of its male student population, and this means that Guy's needs at least 150 finishers to win, judging from last year's figures. We remind all intending participants that entry forms must be handed in at the Medical School Office by Monday, 8th May.

IN BRIEF :

Sir Russell Brock has been elected Macewen Memorial Lecturer in Surgery at the University of Glasgow for 1961.

D. B. Waters, a Dental student has been selected to represent the Amateur Athletic Association in the 120 yards hurdles against Cambridge University on 4th May. Waters, as well as being a conspicuous member of the Guy's Athletic Club, is also secretary of the London University Athletic Club.

As a result of the recent municipal elections Dr. G. F. Vaughan has been elected to serve on the London County Council.

GUY'S DIARY

MAY

8th	M	1.00	Mr. Stamm. Clinical Lecture. *Injuries to the Elbow.*
9th	T	1.00	Professor Spurrell. Clinical Lecture.
12th	F	1.00	Dr. Dow. Clinical Lecture.
15th	M	1.00	Dr. Fleminger. Clinical Lecture. *The Paranoid State.*
18th	Th	1.00	Mr. Cook. Clinical Lecture. *The Use of Steroids in Ophthalmology.*
23rd	T	5.0 p.m.	Dr. Samuel Pruzansky. Clinical Lecture. *The Cleft Palate Problem.*
25th	Th	1.00	Dr. Carnegie. Clinical Lecture.

Saturday, 13th May, Departmental Round conducted by Dr. K. A. Newton of the Radiotherapy Department, Westminster Hospital, at 10.0 a.m., in the Clinical Theatre, New Guy's House.

NOTICES

THE FISON MEMORIAL LECTURE

The Fison Memorial Lecture will be delivered this year on Friday, 19th May, at 5 p.m., in the Physiology Theatre, by Professor W. M. Smart, who is taking for his subject "Some Aspects of Cosmology." Professor Smart, who recently retired from the Regius Professorship of astronomy in the University of Glasgow, is a past president of the Royal Astronomical Society, and was at one time chief assistant to the late Sir Arthur Eddington at the Cambridge University Observatory. Professor Smart is well known as an authority on celestial mechanics and is the author of the leading textbook on the subject. His close association with Eddington and his authorship of several excellent semi-popular books on astronomy make him eminently suitable for bringing the complexities of an expanding universe within the grasp of a mainly non-mathematical audience.

The chair will be taken by an ex-Guy's man, Dr. W. H. Stevenson, who qualified in 1918 and was in general practice until 1945. Dr. Stevenson, who is probably the foremost amateur astronomer in the country, is a past president of the Royal Astronomical Society and since 1945 Gresham Professor in Astronomy. He is well known for his observational work and is an authority on astronomical instruments.

Paediatric Post-Graduate Weekend Course—Evelina Children's Hospital

(9.20 a.m. Saturday, to noon Sunday on 3rd and 4th June, 1961.)

There are vacancies for the Paediatric Week-End Course which, for the sixth year running, is being held at the Evelina Children's Hospital under the auspices of the British Postgraduate Medical Federation of the University of London. The Course has been organised by the Children's Departments of the Evelina and Guy's Hospitals, and General Practitioners who qualified at Guy's will be specially welcome. Applications should be made at once to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, S.E.1.

Television in Education

Dr. David S. Ruhe, M.D., D.Sc. (Hons.), Director of the Department of Audio-Visual Education, and Associate Professor of Preventive Medicine in the School of Medicine of the University of Kansas Medical Centre is to give a lecture in the Anatomy Theatre of the Medical School, on Friday, 12th May. The topic will be "Television in Medical and Dental Education".

The Residents' Ball

A limited number of tickets is still available for the Residents' Ball on 26th May, at the Grosvenor House Hotel, Park Lane. The price of £4 10*s.* includes dinner and late refreshments for two. Students will be particularly welcome.

The Early History of the Dental School[1]

By F. N. DOUBLEDAY

In the introduction to the 3rd edition of Fox's textbook "The Natural History and Diseases of the Human Teeth"[14] an account is given of the commencement of systematic dental teaching in this hospital. Fox tells us "That during the time in which he was engaged as a dresser with Mr. Cline he found amongst the pupils of St. Thomas's and Guy's Hospitals a great desire to obtain particular information concerning the diseases of the teeth. Frequent conversations on these subjects, and descriptions of the mode of performing some operations, led to the delivery of a course of Lectures on the Structures and Diseases of the Teeth. In this undertaking, much assistance was rendered by Mr. (now Sir Astley) Cooper, the first course was given in the spring of 1799, after which they were continued as one of the Spring Courses of Lectures delivered at Guy's Hospital and finally gave origin to the present work".Those lectures have been continued until the present time. All Guy's men must read with pride the admirable textbooks published in recent years by those who are now active teachers in the Dental School. Joseph Fox was the son of a dentist and obtained his M.R.C.S. At this time it was the custom for a student to serve for some years as a pupil to a general practitioner and then to enter a teaching hospital for one or two years of clinical instruction. John Keats, the poet, was apprenticed to a doctor in Edmonton, and then entered Guy's in October, 1815, obtaining his qualification in June of the following year. At this time Guy's had two types of student; pupils who paid their fees to the hospital of their choice and then attended lectures and clinical practice at both Guy's and St. Thomas's hospitals, or they became dressers, attached to a surgeon or physician and assisted him in the wards and operating theatre. Joseph Fox describes himself as a dresser to Henry Cline, who at St. Thomas's was one of the most progressive and skilful surgeons of his day; Fox also had the friendship and support of so distinguished a surgeon as Sir Astley Cooper, who also had a wide and very lucrative practice; he was well connected, his father was Vicar of Great Yarmouth, his uncle a surgeon to Guy's Hospital. Fox on the other hand was the son of an unknown dentist, he was a dissenter, not born in the purple or with powerful interest behind him; how then did he attain the high position which he eventually held? It is a point worth considering. He succeeded because he had two great assets; he made himself a master of his profession, and he was a man of sterling character. Having made these claims let us substantiate them.

Joseph Fox was a professional man in the true sense of the word. He advised his patients. He advised them as to the use of dentifrices, he had the calculus deposited on teeth chemically examined, he described the operation of scaling. He gave an account of the filling of teeth with gold and with tin foil, which was still in use when I was a student and excellent fillings it made. He filled teeth with a fusible metal, suggested to him by William Pepys, a chemist working at Guy's; this material consisted of Bi. 8 parts, Pb 5 parts, Sn. 3 parts, and melted at the temperature of boiling water. He described and made use of a fixed orthodontic appliance, by which the bite was raised with a wooden biting block and the teeth thus freed from contact with the opposite jaw were ligated to an external arch. This was the origin of the "Angle" and other fixed appliances for orthodontic treatment. Fox described "Dislocation of the Jaw" a subject which his colleague Astley Cooper had especially studied. In the Gordon Museum are two wet specimens (A.6.1 and A.6.2) of the infant mandible. In his textbook Bell publishes drawings illustrating these specimens but does not record their origin. There is good reason for stating that they are original preparations made by Joseph Fox. In 1801, an Irish student, Robert Blake,[2] published a Thesis on this subject in Latin for the degree of M.D.,Edin. Before publishing an edition in English he visited London in September, 1799, to see some preparations there. In his textbook Joseph Fox writes "Some preparations, in the injection of which I have happily succeeded, fully warrant the above statement in all its variations from those of Mr. Hunter or Dr. Blake, the author of an inaugural dissertation, published in Edinburgh in 1798, containing many excellent remarks on the formation of the teeth". In his account of the development of the human tooth germ Bell writes, "Mr. Fox, however, discovered by injection, that both of them (i.e. the layers of the tooth germ) are vascular, and I have in my possession several preparations which demonstrate the truth of his statement". Many years later Sir Astley Cooper told how in his earlier years at Guy's he had attentively studied this subject with Joseph Fox and that the latter held the correct view that the calcification of dentine was simply an ossific secretion from the vascular pulp. Finally, the present writer was a student at Guy's during the last two years that Newland Pedley was an active teacher here; when he was a house surgeon, Newland Pedley took him to his first Guy's Biennial dinner, and he had the opportunity of getting to know N.P. well. Newland Pedley told him that he had known James Salter as a teacher and from him had learned that Salter's uncle, Thomas Bell, had said that these preparations had been made by Joseph Fox. This collection of indirect evidence is strong.

Thomas Bell was apprenticed to his father, who was a doctor; he entered Guy's in 1813 and qualified as M.R.C.S. On the death of Fox, Bell was appointed to succeed him as Dental Surgeon and Lecturer in Dental Surgery, and was also Lecturer in Comparative Anatomy at Guy's. In 1836 he was elected to the Professorship of Zoology at King's College, in the University of London. In 1828 he became a Fellow of the Royal Society and in 1848 had the high honour of being elected as its Secretary. When in 1878 the Royal College of Surgeons instituted the L.D.S. examination, Bell was appointed as the senior

dental examiner. His lectures[3] were published in book form in 1829. Among other important works which he edited were John Hunter's "Treatise of the Natural History and Diseases of the Human Teeth" in 1837, and an edition of White's "Natural History of Selborne" in 1878. He was President of the Linnean and the Ray Society and was in the chair when the famous communications of Charles Darwin and of Alfred Russell Wallace on the "Origin of Species" were read. He was also President of the Royal Microscopic Society, Honorary President of the Medical Society of London; Foreign Member of the Academy of Sciences of Philadelphia and of the Natural History Society of Boston, Mass., and of the Philomathic Society of Paris. You have heard that Bell occupied important positions in the scientific world; he published books on a wider range of scientific subjects then either Fox or Salter; yet professionally his reputation does not stand so high as either of them; why is that? I believe it is because he allowed his activities to spread over too wide a field. If a teacher is to achieve full professional success he must concentrate on research and teaching. Bell's dental textbook gives better description of the development of the human tooth germ than had appeared before. In his book Bell discusses whether human dentine is permeable by blood vessels and states that he has never been able to demonstrate them. Yet he observes that when he had removed a tooth for acute inflammation of the pulp, and broken it open, the dentine was found to contain red patches; he states that he has frequently examined the teeth of people who had suffered violent death from hanging or drowning and found the dentine to be uniformly stained red, which he attributed to the diffusion of blood. He also observed a deep yellow colouration of the teeth of a young woman who died when she was suffering from acute jaundice; this shows that Bell made use of the opportunities for post mortem examination which his position on the staff gave him. Bell made other important contributions to knowledge in his book. He gave an excellent account of "pyorrhoea alveolaris". It is often asserted that John Tomes was the first to invent the modern dental forceps, when he was a house surgeon at the Middlesex Hospital in 1840. Bell's textbook of 1829 shows illustrations which make it clear that this was not so. Tomes had been a student under Bell at King's and had seen the forceps in use there.

S. J. A. Salter, L.S.A., M.R.C.S.Eng., M.B.Lond., was a nephew of Thomas Bell and was a medical student at King's College Hospital. It was his intention to practice general surgery; the fact that he became both a house-surgeon and a house-physician at King's shows that he might have attained to a high position. The general knowledge which he obtained resulted in his acquiring a sound knowledge of pathology. During 1857 the Transactions of the Pathological Society published several of his papers on general pathology; in all he had printed 36 papers on dental pathology, and he published a textbook in 1872.[4]

He was the first to demonstrate the fact that secondary dentine was formed at the inner ends of the tubes in which the fibrils were undergoing irritation at their periphery, as a result of dental caries or of wear of the tooth surface. He was the first to show a section of internal absorption of the dentine as a result of rarefying pulpitis. He also made use of his scientific knowledge to demonstrate lipoid degeneration

of the dental pulp; this he did by showing that the globules to be seen in such pulps, disappeared on the application of ether, in which the fat was dissolved. Salter showed that to demonstrate the relation of the secondary dentine to the surface lesion the sections must be cut in the right plane. Salter was also the first to describe the translucent zone in dentine and the "dead tracts". Salter writes,[5] "The filling of the dentinal tubes with a secondary deposit has long been recognised in the fangs of teeth, where it produces a condition called 'horny dentine', the tissue being rendered more or less clear by the obligation of the light refracting tubes. This condition is found in the fangs of those teeth which have had much irritation, and where there has been periosteal inflammation. The same thing occurs in those tubes of the primary dentine which pass from the secondary repair tissue to the injured surface; they become more or less filled up with deposit, and are clear in proportion". Salter gives a careful diagnosis between alveolar abscess and necrosis of bone due to tubercle or syphilis. He also gives a clear account of the clinical course of suppuration in the maxillary sinus; he drew attention to variations in the size of the sinus, with the resulting variation in the close relation of the cheek teeth to the sinus and the frequency with which infection due to dental causes may be present. Salter[6] also gave a careful description of the microscopic appearances of polypus of the pulp which is very remarkable when the primitive nature of microscopic technique at that time is considered.

Salter described the development of the successive laminae of cementum, which were named after him the intercremental lines of Salter. He also describes the occasional penetration of the enamel from within by dentinal tubes and states that this is most frequently seen in teeth in which the calcification of the enamel is also imperfect and writes[7] that "it is a manifest and permanent record of depressed nutrition at a period of tooth formation". Salter's views on dental caries are of considerable interest. Fox had looked upon it as primarily an internal process due to inflammation and death of the pulp; Bell considered it to be an external process due to slow degeneration of the hard tissues. The first worker to demonstrate the true nature of the process was Robertson,[8] who wrote, "When decay commences upon the surface of a grinding tooth the disease is confined to one or more of its deepest indentations, or it may be discovered by a brown discolouration of the part, which discolouration is produced by chemical action of the food lodging in that situation". This was followed by a remarkable series of experiments by Alfred Coleman,[9] who was a relation of Lord Lister and followed his experimental methods. When Salter published his textbook in 1874 he began by recapitulating his experiments of 1853-55, by which he had demonstrated the fact that dental caries had produced a vital reaction in the dental pulp. He writes,[10] "Dental caries may be defined as a softening and disintegration of the tooth's surface, gradually penetrating towards its centre . . . The chemistry of caries consists in a process of decalcification, progressively going on, both as regards the depth and area of tissue invaded, and the degree of the change". Salter's knowledge of pathology is shown in his description of epulis.[11] He describes its growth from between two teeth, to one of which it is attached; he clearly shows the difference between the epulis growing from the periodontal membrane and

pushing up the gum and the hyperplasia which is merely a growth of the gum tissue. In his experience such growths were more common in the upper than in the lower jaw. Salter[12] also reported many cases of odontome and discussed the pathology of the condition. One especially interesting specimen from the Hunterian collection, which was examined by Salter showed a dilatation of the radicular portion of a lower molar, the interior being filled with a calcified mass of osteo dentine, in which islands of tubular dentine are imbedded.

The introduction of phosphorus in the manufacture of matches, resulted in many cases of phosphorous necrosis of the jaw. Salter[13] correctly maintained that these resulted from the solution of fumes of phosphorus in the saliva of the patient and that it occurred more frequently in those who had carious teeth, infection occuring through the dental pulp. Salter demanded that all workers in match factories should have regular dental inspection; it was not until 1899 that legislation to this effect became law. At that time it was not recognised that the phosphorous lowered the resistance of the bone and that tubercle bacillus was the infecting agent. Salter recommended a diet of mashed meat, eggs, codliver oil, and iron salts; this shows that he looked after the general health of the patient and not merely the local condition.

F. Newland Pedley, F.R.C.S., L.D.S., was appointed to the staff in 1885 and proved to be an admirable organiser and a dynamic personality; with the support of Sir Cooper Perry he was responsible for the founding of the separate Dental School as we know it today. Those of us who now inherit the great tradition of teaching at Guy's must see that this heritage is passed untarnished to our successors.

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[1] A paper read to the Dental Society, on Tuesday, February 28th, 1961.

[2] Blake, Robert, M.D., "An Essay on the Structure and Formation of the Teeth in Man and Various Animals". Published at Edinburgh, 1798 and now printed in English by William Porter, Dublin, 1801. The Library of the Royal Society of Medicine, 280 N/24.

[3] Bell, Thomas, 1829. "The Anatomy, Physiology, and Diseases of the Teeth", S. Higley, 2nd Edition, 1835.

[4] Salter, S. J. A., 1874. "Dental Surgery and Pathology". London, Longmans, Green and Co.

[5] Salter, S. J. A., 1864. Holmes Textbook of Surgery.

[6] *Idem.* Guy's Hospital Reports, 3rd series, Vol. 4.

[7] Truman, 1865. "Archives of Dentistry", article S. J. A. Salter.

[8] Robertson, William, 1835. "A Practical Treatise on the Diseases of the Teeth", Birmingham. J. Belcher and Sons, London. Longmans, Green & Co. Library of the Royal Society of Medicine, 280 C/2.

[9] Coleman, Alfred, 1861. "On the Nature of Dental Caries", *Trans. Odonto. Soc. of London.*

[10] Salter, S. J. A., 1864. Article in Holmes, "System of Surgery".

[11] Salter, S. J. A., 1854. "Specimens of Epulis", *Trans. Path. Soc. of London.*

[12] Salter, S. J. A., 1869. "On the Structure of Two Forms of Tooth Tumour", *Guy's Hospital Reports.*

[13] Salter, S. J. A., 1864. Article in Holmes, "System of Surgery".

[14] Fox, Joseph, 1803. Part I—"The History of the Formation and Structure of the Teeth." Part II—"The History and Treatment of the Diseases of the Teeth, the Gums, and the Processes," 2nd edition, 1814, 3rd edition, 1833. London, E. Cox, St. Thomas's Street.

Basutoland—

Easter, 1961

by

C. H. Smith

It is Easter morning. It is quite quiet except for the wind in the pines. The Union Jack is snapping merrily over the Police Office, visible only as a red, corrugated iron roof and a tall transmitting aerial over the Cypress hedge. Amongst the trees to the left are the Agric building, Post Office and District Commissioner's Office; these, with the Hospital and Church and three stores, practically comprise the raison d'etre of Qacha's Nek, set among the peaks of the Drakensberg, at the head of a valley whose waters flow into the Orange River about six miles away. Directly across the valley from here Mount Souer and his attendant ramparts rise 3,000 feet above us; blue, black and green; shapely summit; seamed with branching and converging watercourses shining silver in the morning sun.

There is a cloud the size of a tickey over the mountain, but otherwise the sky is clearest blue. The wind is blowing up the valley from the West, so it may be fine today; it is usually the Easterly wind that brings the clouds up the Escarpment from East Griqualand, so that they swim down through the trees into the valley, blotting out buildings, fields, mountains, sometimes from below upwards; bringing either pouring rain, hail, thunder and even snow, or just the pregnant, mysterious shapelessness of the cloud itself.

The West wind is good, too, for the pilots, who have to bring their tiny aircraft onto our little airstrip. It means that they can land and take off straight down hill into the wind, for when it blows as hard as this across the strip, if they attempted to land at all, they have to come in like a crab and work hard to keep the windward wingtip down as the strip is only 50 feet wide. However, it is most unusual for them not to arrive on Wednesday morning. They are the only link with the rest of the country, though there is a pleasant little town, Matatiele, only 26 miles and 2,000 feet down in the Union, from which supplies and mail are sent.

Basutoland is not all mountains, most of the towns are in the third of the country that is relatively flat, but Qacha's Nek, and the neighbouring District, Mokhotlong are completely in the mountains. This district is roughly forty miles square and has a population of 60,000 Basutos; the pony is the only regular means of transport and it is three days fast trek from one end of the District to the other. A Mosuto spends most of his life in the saddle, and very dashing he looks with his brightly coloured blanket and conical straw hat. Many of the ponies have a striking pace, known as "tripling" in which they walk with their hind and trot with their fore legs. It looks odd to an eye accustomed to walking, trotting, cantering or

galloping but the result is a smooth run which they can keep up for hours at about seven miles an hour.

The country is divided into nine administrative Districts, which are similar from the point of view of Medical organisation, except for Maseru District where they have the Seat of Government, a 200 bed hospital, D.M.S., Surgeon Specialist, Anaesthetist and various other luxuries, so I will describe our District as being typical.

The recent extensions to the Hospital are not quite completed, but it will soon have about 50 beds, including 8 T.B., 6 Maternity and 8 Children's beds. The remaining 28 are general Medical and Surgical, and these two wards, with the Operating Theatre and Kitchens form the main block, whilst the other wards are in separate buildings nearby. There is a Mortuary and a Laundry, the latter housing the oldest washing machine in the world, a perforated iron cylinder containing the clothes and linen, rotated by a large crank in a cast iron bath of water heated by a coal fire. It looks like a Mediaeval instrument of torture.

Except for the lack of a sluice, the wards are well equipped with bedding, instruments and utensils. The main block is lit by a big Lister Generator, and there is an excellent spotlight in the Theatre which also has a good, if varied, selection of instruments. The instruments reflect to some extent the whims of one's predecessors; there are a good set of Orthopaedic and Ophthalmic instruments for instance, and though I am wary of opening a knee joint, I have succeeded in removing a cataract; God repaired the damage.

The staff are for the most part cheerful and efficient; they are all African though a few other Districts still have European Matrons, which is even better. We have at the moment only three Staff nurses on more or less equal footing; there has been a Matron in the past, and it would be helpful to have a woman (preferably a spinster) to boss them around. However, they always rise to occasions very well, whether it is a Surgical emergency or a visiting dignitary, and I am well satisfied most of the time. They have under them four Male and four Female Ward Attendants who are untrained and of varying efficiency, the Females better than the Males (of course), but things get done and most patients get better. Lastly, there are two laundresses, two scrubbers and a seamstress.

An African Dispenser is usually a remarkable person. He is bright and well-educated, has a wide knowledge of Pharmacy and elementary Medicine, can give a good (though sometimes alarming to modern eyes) rag and bottle anaesthetic, and above all he can cope with the ordering of stores and drugs, which would otherwise be a frightful headache. Most Dispensers can manage our splendid little X-ray unit, and produce satisfactory films. There is virtually no Pathology, except for E.S.R's and such simple tests and staining as the Doctor can do, and biopsies and occasional serological tests can be sent away to Bloemfontein. I practically never estimate the Haemoglobin (I can feel a shudder through the very bones of Guy's) because there is nothing whatsoever you can do about it except Mist Ferri and Ammon Cit., and you can estimate the need for that by looking at the conjunctiva.

Drugs of the simpler kind, rhubarb, foxglove and henbane are

readily available and dispensed in huge quantities, so are Penicillin and Streptomycin, but most other drugs are short and many cannot be obtained at all. This is not really surprising as the Drug and Dressing allowance for the whole of Basutoland (800,000 people) for 1959 was only £11,000. That would be equivalent to about £1,000,000 for Great Britain, where the Drug bill alone for 1959 was nearly £73,000,000 ! This is not really good enough, but could only be bettered at the further expense of the British taxpayer.

In addition to the Dispensary in camp, there are two more, each with resident Staff Nurses, and one with a Health Inspector, out in the mountains. The one at Sekake's involves a two hour drive by Land Rover along a frightful though dramatic road beside the Orange River; at present I visit it once a fortnight. The other is at Mashai, half an hour away by 'plane that I go to once a month. Before too long I hope to start another one at Sehlabathebe and visit them all more often. Then the District will be fairly well covered. Last year we saw 15,000 new patients; this year I hope it will be more.

It has remained a lovely day, and the night is even more beautiful. The moon is full, high and clear. There is a streak of silver cloud almost severing Mount Souer's head from his body. It is even quieter. It is time to go to bed.

Twenty Years Ago

The Wednesday night raid.—Passim, May, 1941.

There were many similar tragedies on that dreadful night when neither rank, sex nor age were spared. Bombs rained down minute after minute, sometimes two and three a minute, sometimes coming much too close, sometimes echoing in the distance. Inevitably their arrival would be heralded by a nerve-racking whistle increasing in intensity until the atmosphere shivered around us, and ending up in a splintering soul-shattering crash which stirred the most hardened blitz veterans among us. Some of the bombs were so close to the hospital that every few minutes throughout the night even the massive and solidly-constructed buildings rocked as though their foundations were made out of hinges. Fortunately a large proportion of the population that we serve has either evacuated itself or acquired adequate shelter accommodation. In any case, the number of casualties was small and really no index to the size of the raid or its distribution; as might be guessed, it had its maximum effect on property, and once again Guy's has assumed another battle scar. This time the loss is of great sentimental value, for now only the charred walls are all that remain of the Superintendent's house and the Counting House. While most of the furniture and furnishings were saved, again largely due to the efforts of the student body, the beautiful Court Room with its magnificent Jacobean staircase approach no longer exists; even the *Gazette* office was destroyed. It is to be hoped that when a new Guy's rises after the war, if it is not possible to restore this damaged beauty, at least its equivalent will be built to carry on the tradition that is Guy's Hospital.

CORRESPONDENCE

Letters to the Editor of the Gazette

Ugliness in the Park

SIR,—I am sure everyone wholeheartedly agrees with *Passim* on the subject of the Park which Guy's are so fortunate to possess, and therefore would echo your sentiments to the full concerning the litter which often spoils it in the Summer. However, the waste-paper "baskets" at present in the Park are not only singularly useless but most unattractive. With their wide wire mesh everything small falls out at the side and so they are permanently surrounded by bits and pieces of paper and cigarette ends. Newspapers and other larger things are an eyesore anyway.

Would it not be possible (at no great cost) to replace the ones at present in the Park with a kind more suitable for retaining litter and which at the same time are a little less ugly ? To this end I think a walk round any of the parks in central London, and no doubt elsewhere as well, would provide the responsible authority with several ideas for better containers which, if installed at Guy's would soon play their part in removing one source of untidiness from our own Park.

Yours etc.,

P. K. D. BUSH.

Guy's Hospital, S.E.1.

'The Cup'

SIR,—The welcome return of the Cup to Guy's prompts me to record the following reminiscence : When I went up to Guy's in May, 1904, the Cup had been lost to The London some weeks earlier, and its place above the mantlepiece in the College Smoking Room presented a vacuum, the significance of which was reinforced by the single word ICHABOD (vide I Samuel iv-21) in bold letters of chalk. Whether this writing on the wall survived until the Cup was re-won a year later I cannot recollect, but I feel that this example of the sombre wit of some past Jeremiah should not be allowed to sink into oblivion.

Yours etc.,

E. A. PENNY.

Newtown House,
Beaminster, Dorset.

Miss H. M. Hall

SIR,—I would be grateful if you would allow me to use your *Gazette* to thank my colleagues who kindly contributed towards my presents on my retirement. It was impossible to thank them all personally.

Yours etc.,

H. M. HALL,
Pharmacy Dept.

Guy's Hospital, S.E.1.

Mr. Snow on Keats

SIR,—When I came to Guy's, I thought it politic to keep quiet about Keats and Shelley, still more quiet about Horace and Euripides, except among selected friends. Today I note with pleasure how Mr. Snow entertains a wide circle of readers with a paper on Keats, full of enthusiasm and no doubt the outcome of much reading. There, at any rate, we have progressed; and I remark upon Mr. Snow's paper only in a spirit of commendation.

I was moved to utterance by the misquotation. Leigh Hunt's "The Story of Rimini" does not end with a "closing couplet" but with a triplet, and the couplet that Mr. Snow quotes (or to be honest, misquotes) occurs in Canto III, p. 58, ed. 1816. The right reading is:

> The two divinest things this world has got,
> A lovely woman in a rural spot !

There is a good old saying "Always verify your quotations." If you do not, men may come to doubt your reliability. In fact I do find some other inaccuracies. For example, Keats came to Guy's in October, 1816, but he did not *sign the register* then, but in July. (Look in the Museum.) Keats was not *forced* to come to Guy's. A year in a hospital was a part of the curriculum. These are but examples of what I mean—trivial, but better eschewed !

Some of Mr. Snow's statements are tendentious. He has every right to believe that Keats was an ugly little man; but this view of him could not be inferred from the elaborate piece of research carried out by Mr. Doubleday, amply illustrated and published in the Reports in 1955 (Vol. 104, p. 79). He may believe too that Keats was a conscientious student from the evidence of the poet's note-books; but Mr. Winston, who went into the subject most carefully in 1943 (Reports, Vol. 92, p. 101), came to the conclusion that the notes became careless, confused and incomplete as time went on, in fact that Keats lost interest. Guy's is a house of learning, and it is right to draw attention to these weighty opinions of other men of Guy's. (Mr. Snow perhaps had not heard of them).

I hope that we shall hear some more from Mr. Snow. The ability to write about poetry sensibly, pleasantly and in a way that will interest others is none too common. In the meantime, will he oblige me with some information ? He says that Keats's experiences at Guy's broadened and humanized his outlook and set him apart from the other spirits of the early romantic period. I have never been able to detect the influence of Guy's in any place in Keats's writings myself: where is it to be found ?

Yours etc.,

H. ST. H. VERTUE.

Orpington, Kent.

[P. Snow writes : "The reader is correct regarding the misquotation, and also the date of Keats' signing the register, which he has kindly alluded to. Another inaccuracy deserving correction is that the surgeon referred to was Cline, not Clare. The reference to note-book*s* is misleading, as in fact only one note-book is known to exist"—*Ed.*]

SPORT

Guy's Hospital Motoring Club

The next car rally will be held on Saturday, 13th May, at 5.00 p.m. It will be suitable for old cars and novices for whom there will be a special prize.

The Driving Tests this year will be held on Sunday, 25th June, at Royal Air Force Biggin Hill, in the form of a gymkhana.

Further details of both these events will be published later and will be obtainable from the Hon. Secretary, c/o Front Lodge.

BOXING

Guy's Hospital Boxing Club finished the season with a very fine win at U.L.U. on 22nd March, *in the United Hospitals' Championships*. The confidence of the Club was reflected in the fact that the Challenge Cup for the team championship had not been polished and this confidence was shown to be in no way unfounded when the Hospital scored an overwhelming victory over all other teams.

Credit for this must go not only to the boxers themselves who have shown great enthusiasm during the season, but also to the Trainer, Charlie Pocknell, and the supporters. Below is a description of the bouts in order of weight.

Fly-weight.

R. Barrs v. P. Monks (both Guy's).

Spectators thought that this bout between two Guy's students would be a mere formality. However, R. Barrs, a newcomer to Guy's boxing, thought otherwise and was determined to prove his worth against P. Monks, the Guy's walk-over specialist. Barrs, released from his corner, tore into the fight with diabolical enthusiasm and, neglecting the formality of the preliminary handshake, quickly had a surprised Monks on the defensive. After a furious two minutes, the referee stopped the fight to save Monks, who was by now hampered by a bleeding nose, from further punishment.

Bantam-weight.

J. Weedy v. A. N. Other.

During the first round Weedy appeared to have the edge on his opponent and showed more experience but made little impression on his opponent. During the second round his opponent caught him more regularly with well-placed blows and Weedy showed signs of tiring although still scoring with his left. Weedy faded in the third round and his opponent's harder and more determined punching gained him the decision.

Feather-weight.

A. Pickering (Guy's)—Walk-over.

Light Welter-weight.

J. Zadeh—Walk-over.

Welter-weight—Semi-final.

B. Penhall v. M. Gundry (St. Mary's).

This was a very hard-fought and close contest between Penhall, boxing coolly and using his left efficiently, and Gundry who was a fighter in the best traditions. Both boxers appeared rather unfit but the pace throughout the whole bout was strenuous. Gundry attacked throughout the fight with pluck and enthusiasm but *Penhall's experience and accuracy of punching* earned him the decision.

Final. B. Penhall v. C. Walker (St. Mary's).

Penhall entered the ring with an injection in his side to deaden the pain of a previously *injured rib and also tired from a gruelling* semi-final. However, he fought three very hard and even rounds with Walker. This bout was one of the most exciting of the evening but Penhall, boxing with extreme courage and using all his experience and skill, won a close decision over Walker.

Middle-weight.

D. Stubbs—Walk-over.

In spite of a walk-over, Stubbs entered the ring for an exhibition bout with an opponent who was nothing if not heavyweight. In this bout, which was of necessity conducted on a fairly friendly basis, he showed considerable boxing skill.

Light Heavy-weight.

D. Mansie (Guy's) v. V. A. Hobart (King's).

Mansie entered the ring against perhaps the most professional of the boxers there. Although realising his chances were slight, he started the bout with enthusiasm but was quickly knocked down by Hobart and subsequently k.o.'d in the first round.

J. Cook v. A. G. Williams (Both Guy's).

The first round opened with Cook boxing calmly and Williams showing perhaps more enthusiasm than control over the situation. After two occasions when blows from Cook sent Williams down more from lack of balance than anything, the referee stopped the contest which appeared to be developing into a rather one-sided affair.

J. Cook v. "Chopper" Mallet (St. Mary's).

Cook started the first round showing complete control of the situation and Guy's hopes were raised. However, Mallet was not put off by Cook's boxing skill and waited his time before delivering a hard blow to Cook's head. Cook went down for a count and appeared to be dazed on rising. Soon afterwards Cook again walked into a heavy blow from which he was unable to recover in time to beat the count.

HOSPITAL INFORMATION

GUY'S HOSPITAL S.E.1.

CONSULTANT SURGEON

The Board of Governors of Guy's Hospital invites applications for the appointment of **Consultant Surgeon** with attendance on four sessions a week. The conditions of service will be in accordance with The Terms and Conditions of Service for Hospital Medical Staff. The holder of this post will also be required in the first instance to act as Surgical Clinical Tutor in the Medical School with duties equivalent to three sessions a week. Applications (one copy) together with the names of three referees should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **22nd May, 1961.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

GUY'S HOSPITAL AND MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1961-62

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October, 1961, for the session 1961-62. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **18th May, 1961 :—**

Anaesthetics
- Senior Registrars .. 2
- Registrars .. 2

Cardiology
- Senior Registrar .. 1

Child Psychiatry
- Senior Registrar .. 1

Clinical Pathology
- Registrars .. 4

Dermatology
- Registrars .. 2

Diagnostic Radiology
- Senior Registrars .. 2
- Registrars .. 2
- Trainee Registrar .. 1

Ear, Nose and Throat Surgery
- Registrar .. 1

Endocrinology and Radioisotopes
- Registrar .. 1

G.U. Surgery
- Registrar .. 1

Haematology
- *Registrar* .. 1

Medicine
- Medical Registrars .. 2
- *Junior Registrars* .. 3

Neurology
- Senior Registrar .. 1
- Registrar (from 1st June, 1961) .. 1

Obstetrics
- Registrar .. 1

Ophthalmology
- Senior Registrar (part-time) .. 1
- Registrars (part-time) .. 2
- *Junior Registrar (whole-time)* .. 1

Orthopaedics
- Registrar .. 1

Paediatrics
- Senior Registrar .. 1
- Registrar .. 1

Physical Medicine
- Registrar .. 1

Psychological Medicine
- Registrars .. 3

Radiotherapy
- Registrar .. 1

Surgery
- Senior Registrar .. 1
- Registrars .. 2

Thoracic Surgery
- Registrar .. 1

V.D. Department
- Registrars (part-time) .. 2

Applications are invited for the following *appointments to the Junior Staff of the Medical* School for the session 1961-62 commencing 1st October, 1961. Forms of application are obtainable from, and should be lodged with, the Dean not later than **21st May, 1961.**

Anatomy
- Junior Lecturer (whole-time) .. 1
- Junior Lecturers (part-time) .. 3

Chemical Pathology
- Senior Lecturer .. 1
- Anderson Demonstrator of Clinical Chemistry .. 1

Experimental Medicine
- Lecturer .. 1
- Junior Lecturer/Lecturer .. 1
- *Junior Lecturer* .. 1

Medicine
- Junior Assistant to the Director .. 1

Paediatrics
- Assistant to the Director (from 17th July, 1961) .. 1

Physiology
- Lecturer .. 1
- Junior Lecturers (whole-time) .. 1
- Junior Lecturers (part-time) .. 2

Student Health Service
- Assistant to the Director (part-time) .. 1

Surgery
- Lecturer .. 1

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Assistant to the Director of the Paediatric Department** with duties to commence on 17th July and appointment until 30th September, 1962, in the first instance. Applicants should hold higher medical qualifications and have held a post as Senior Registrar in the speciality in a teaching hospital. Salary is in the range of £2,000x£100 to £2,400 with superannuation and family allowance.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, S.E.1, not later than **20th May, 1961.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Senior Lecturer in the Department of Clinical Pathology.** Appointment is to date from as soon as possible until 30th September, 1962, in the first instance. Applicants should preferably have a special interest in Bacteriology. Salary is within the range of £2,000 x £100 to £2,400, according to qualification and experience, with superannuation and family allowance.

Application should be made on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **18th May, 1961.**

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in Physical Medicine** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties until 30th September, 1964. The appointment will be made jointly by the bodies concerned and will be held in the first instance in the Bromley and Orpington, and Sevenoaks Groups from 1st October, 1961, to 30th September, 1963, and at Guy's Hospital for the period 1st October, 1963, to 30th September, 1964. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales).

Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **20th May, 1961.**

PASS LIST

CONJOINT BOARD

D.M.R.D.

I. Kelsey Fry

D.C.H.

Jean M. Firth — T. W. Hoskins

L.R.C.P., M.R.C.S.

Final Examination
April, 1961

Pathology

A. G. Boohene
D. B. Calne
Loretta S. W. Coe
R. A. Durance
J. M. Forsythe
D. D. French
J. H. Grime
C. J. Hughes
M. M. Ilahi
S. J. L. King
Doreen M. Miller
P. O. Older
B. J. D. Peatfield
D. E. Rees
J. M. Robertson
J. M. I. Simpson
D. T. M. Smith
M. D. Steyn
R. Tanner
R. C. Wales
Jillian M. Wandless
R. O. Weller

Medicine

J. S. M. Beales
A. G. Creighton
P. Curtis
R. A. Durance
W. R. Esson
P. P. Fanning
G. H. Forman
I. Gibson
D. L. Hall
S. Haynes
E. M. Holt
H. Jay
N. E. Jensen
J. J. Kimerling
N. J. Knight
J. E. A. Knowles
Doreen M. Miller
M. C. W. Morgan
S. Nundy
B. J. D. Peatfield
A. B. Richards
J. M. Robertson
A. P. Staz
M. D. Steyn
P. B. Wemyss-Gorman
L. J. F. Youlten
I. Ziment

Surgery

*E. Barker
*M. E. Blacklee
*P. J. Brewer
*W. Bunting
*W. S. C. Cox
*I. W. Hanwell
*J. C. Harding
*Heather C. Lachlan
*R. C. Lallemand
*W. A. Landers
*Mary B. MacKeith
*Rosemary R. Norton
*W. M. P. Patterson
*M. A. S. Stoby
*W. A. Wallbank

Midwifery

J. S. M. Beales
D. B. Calne
Penelope J. E. Cave
P. Curtis
P. M. J. Ephson
P. P. Fanning
J. M. Forsythe
I. Gibson
E. M. Holt
M. M. Ilahi
J. E. A. Knowles
Loretta S. W. Ko
S. Nundy
D. E. Rees
A. B. Richards
*M. A. S. Stoby
R. Tanner
A. P. A. Trayling
Jillian M. Wandless
R. O. Weller
I. Ziment

*Have completed the examination.

ROYAL COLLEGE OF SURGEONS OF IRELAND

Faculty of Anaesthetists

Fellowship

R. D. Walsh

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees

March, 1961

I. R. M. Anderson
I. A. Baker
D. J. Browning
P. K. D. Bush
M. Chan Chew Koon
P. J. Dickinson
A. Dowlatdad
Patricia N. Field
R. Gilkes
Carol G. E. Gladstone
J. D. Goddard
R. J. Hart
B. H. Hicks
M. J. Hoyle
K. B. Hughes
Ilse B. Jensen
T. B. W. Johnson
Joy S. Lawrence
C. J. R. Lewis
I. C. M. MacLennan
M. D. Middleton
D. G. Nancekievill
P. R. G. Needham
J. E. A. Oni-Orison
A. B. O. O. Oyediran
A. Palmer
Jean M. Parker
R. J. Parker
R. A. Y. Pietroni
Juliet D. Pike
C. R. Sanderson
Evelyn J. Sherbel
Janet E. Siarey
K. F. Standage
R. L. Strickland
G. I. Tennekoon
I. Vadasz
M. B. Williams
F. E. Willmott
Fiona B. Wills
N. S. Young

NURSING NEWS

Entered :

Sister McLorinan to *Nursing School.*
Sister Wolstenholme to *Nursing School.*
Staff Nurse Gordon Brown to *Theatres.*
Staff Nurse J. Johnson to *O.P. Department.*

Left :

Sister Dodson from *Evelina.*
Staff Nurse C. Roberts from *Evelina.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bearn, Alexander G. and another. Effect of Oestrogens on Copper Metabolism in Wilson's Disease. *J. clin. Invest.*, 1961, **40**, 445.

Bearn, Alexander G. and another. Isozymes of Lactic Dehydrogenase in Human Tissues. *J. clin. Invest.*, 1961, **40**, 586.

Bensted, J. P. M. Haemagglutinin Production in Pre-immunized Mice exposed to Continuous γ-Radiation. *Nature*, 1961, **190**, 99.

Brock, Sir Russell. The Timing of Cardiac Surgery. *Med. Digest*, 1961, **16**, 119.

Dobbing, J. The Blood-Brain Barrier. *Physiol. Rev.*, 1961, **41**, 130.

Douthwaite, A. H. Methicillin. *Practitioner*, *1961*, **186** *511.*

Grove, W. S. and others. A Comparison of Physiological and Pathological Findings in Chronic Bronchitis and Emphysema, with Special Reference to Response to Exercise. *Thorax*, 1961, **16**, 56.

Haas, Leonard and another. Wilms' Tumour: Lobectomy for Pulmonary Metastasis. A Case Report. *Brit. J. Surg.*, 1961, **48**, 516.

Jarrett, R. J. The Immediate Prognosis of Cardiac Infarction in Diabetics. *Postgrad. med. J.*, 1961, **37**, 2.

Jarrett, R. J. and Gazet, J.-C. Aspects of Convalescence After Herniorrhaphy. A Review of 762 Patients. *Brit. med. J.*, 1961, i, 930.

Joseph, Jack and Townsend, F. Jane. The Healing of Defects in Immobile Skin in Rabbits. *Brit. J. Surg.*, 1961, **48**, 557.

Morrant, G. A. Symposium on the Use of High Speeds in Cavity Preparation. Clinical Aspects (Abridged). *Proc. R. Soc. Med.*, 1961, **54**, 240.

Naylor, M. N. A Thermo-electric Tooth Stimulator. *Brit. dent. J.*, 1961, **110**, 228.

Parker, R. A. and another. Pulmonary Haemosiderosis with Severe Renal Lesions (Goodpasture's Syndrome). *Thorax*, 1961, **16**, 22.

Smith, R. C., Wyard, S. J. and another. Calculations of Line Shape for E.S.R. Absorption in Polycrystalline Substances. *Bull. Ampère. Special Edition.* 9th year, page 236, 1960.

Thurston, Gavin. Coroners, Atkin's Court Forms. 2nd Edition. *Butterworth, London*, 1960, Pp. 1-48.

Warren, M. D. Social and Preventive Medicine and the Medical Social Worker. *Almoner*, *1960*, **13**, 314.

Warren, M. D. Social and Preventive Medicine. *Brit. J. clin. Pract.*, 1961, **15**, 217.

Wyard, S. J. and Smith, R. C. E.S.R. of Irradiated Frozen H_2O_2—H_2O solutions. *Bull. Ampère. Special Edition.* 9th year, page 244, 1960.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases 5*s*.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

Dr. J. M. Clark, 40, Fortunes Way, Bedhampton, Havant. Tel. Havant 1646.

Michael Gardener, L.D.S.R.C.S., 35, Belle Vue Road, Southbourne, Bournemouth, Hants. (*Tel. Bournemouth 45616*).

C. Keith Millman, B.D.S., 47, Fore Street, Kingsbridge, S. Devon.

I. K. Mausner (Mrs.), B.D.S., 86, Chiltern Drive, Surbiton, Surrey.

R. G. Notley, M.B., B.S., 5, Maddison Gardens, Bromley, Kent.

Dr. Salvi, Chesters, Icen Way, Dorchester (October 1st). (Tel. Dorchester 908).

D. J. Tibbs, F.R.C.S., Willow House, 103, Jack Straw Lane, Headington, Oxford. (Tel. OXF 62758).

Derek Wilson, M.B., B.S., West Cwm, Cusop, Hay-on-Wye, Hereford. (Tel. Hay 220).

BIRTHS

BLAZEBY.—On 13th April, 1961, at Kent and Canterbury Hospital, to Jean, wife of Henry Blazeby, F.F.A., R.C.S.—a son.

MEYRICK.—On 31st March, 1961, at Guy's Hospital, to Elizabeth (née Carlton), S.R.N., S.C.M., and Jeremy Meyrick, B.M., B.Ch., a son (Andrew Peter Stewart).

NOTLEY.—On 18th April, 1961, to Margaret (née Calvert), S.R.N. and Richard Notley, M.B., B.S., at Guy's Hospital, a daughter (Julia).

WILLIAMS.—On 9th February, 1961, at Cuckfield Hospital, to Audrey (née Gentle), and Cyril Williams, B.D.S., a son (Robert George MacGregor), a brother for Penelope.

YOUNG.—On 23rd April, 1961, at Queen Charlotte's Hospital to Patricia (née Gibbins), S.R.N., and Michael Young, M.B., B.S., of Goldsytch House, Mill Hill, a brother for Martin (David Guy).

DEATHS

DAY.—Robert Thomas Leigh Day, Brigadier Retired, 29, Cherry Gardens, Folkestone, Kent.

HUNOT.—On 15th April, 1961, suddenly, Frank Cornwall Hunot, Surgeon Capt., Retired, Little Hill, Crapstone, Yelverton, Devon.

PROSSER-FRENCH.—On 10th April, 1961, Jasper Cecil Prosser-French, L.D.S., R.C.S., 31, Cathedral Road, Runfold Valley, Luton, Beds.

EDS. {S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1900 20*th May* 1961 *One Shilling*

PASSIM

ANOTHER stroll to Brighton is over and done with, at the time of writing several hundred feet with half as many pelvises and five times as many toes will be complaining to their owners about the rigours of Monday morning rounds and operating sessions, and our wiser brethren who stayed at home will be feeling rather left out, but hiding it stoically with the brusque contempt and reasoning of the materialist who thought the whole thing was a lot of nonsense anyway. After three successive years this event has assumed remarkable proportions, to the extent that every London teaching hospital was represented in the crowd of fifteen hundred which set off from the Tower last Friday evening. The results and details of organisation will follow in our next issue, but while the stroll is still fresh in mind a consideration of the motives for walking would not be out of place. Ostensibly the stroll is a competition between hospitals, the winning hospital being the one who gets the highest proportion of its student population to Brighton. The effort expended in winning is therefore disproportionately greater for the hospital with eight hundred students than for the hospital with a student body of one hundred and fifty. There is no doubt, on questioning a few participants, that competitive feeling ran high, indeed the number of supporters not engaged in feeding and attending to the walkers was extremely heartening. But it cannot be denied that there is much more to this mass migration than just the competitive spirit which instigates it. The oddity of dress is a constant feature; many walkers were not eligible to score for their hospital when they reached Brighton; a considerable athlete from St. Bartholomew's came within striking distance of Don Thompson's record set up last year. On questioning them about their reasons for walking, answers given ranged from the facetious to the brutally honest: "It's so much cheaper to walk" and "I walk to Brighton because it's there". Last year a television commentator asked someone why he was walking in a loin cloth and wig. The obvious reply came back "Because I'm the biggest exhibitionist."

A cynic said this is a rebellion against conformity, the same force which makes people march to Aldermaston, which prevents certain people from washing, shaving and cutting their hair, and which makes people believe the world is flat. It is unfortunate that anyone should want to dig so deep to find a

psychologically acceptable motive for the walk to Brighton when the answer lies so near the surface. The traditions, make-up and essential good humour of the medical student has and always will create the right impression in the public eye, and surely this event is another manifestation of his love of competition in any conceivable field.

We believe there is another reason: to be able to sit back in the chair at a firm dinner in forty years time with port in one hand and cigar in the other, and to command the conversation with the confidence and maturity of a man who has done most things (if not everything), with the time-honoured phrase "Now when I was a student . . . ."

We deeply regret to announce the death of Dr. Peter Gorer, F.R.S., Reader in Experimental Pathology, on Thursday, 11th May. An obituary will appear in our next issue.

The M.O.H. publication "The Pattern of the In-patient's Day" has much to recommend itself to those who have the patient's well-being at heart, and it sets out on a drastic revision of the patient's and the nurse's ward routine by day and night. The Advisory Committee who were responsible for this booklet draws particular attention to the present disruption of the patient's domestic routine when he or she is admitted to Hospital; it suggests in a time-table at the end of the book a practical nursing roster which combines maximum comfort for patients with minimum pressure on the nursing staff. One or two difficulties are raised, for instance the necessity for frequent recordings of pulse, respiration and temperature, but, when found, these difficulties could be surmounted by co-operation between the departments which are affected.

It seems particularly apt that this booklet should be published during the migration to New Guy's House; recourse to it will no doubt provide the Migration Authority with a *deus ex machina* to iron out the inevitable problems of ward routine.

We congratulate Dr. M. C. Joseph who has been appointed consultant physician to the children's department, with duties at the Evelina Hospital; and Mr. C. Wendell-Smith, lecturer in Anatomy, who has been appointed Associate Professor of Anatomy at the University of New South Wales.

We welcome Mr. P. H. J. Le Fleming who has taken up his duties as Assistant Clerk to the Board of Governors. He comes to Guy's from the London Hospital where he was assistant secretary for three and a half years, before which he was at St. Thomas's Hospital.

The big Southern power failure on Monday night brought drama to New Guy's House. No sooner had the Hospital been plunged in darkness than a telephone call came to the College announcing a fire in *Christopher* ward. With the true College instinct for water and possible play with hose pipes, there was an immediate and

remarkably large turn out of residents, even though the bleeps were not working.

Arriving in *Christopher*, there was indeed smoke pouring out of the side rooms on the kitchen side of the ward. In the darkness and dense smoke visibility was negligible. Residents' with masks and a hose pipe playing found the source to be a large brown and black machine in an alcove. It was glowing, fuming and humming happily in the way that is characteristic of so many of the appliances in New Guy's House. Unfortunately its appearance gave no clue to its function; it was not clear if it was an electric dish washer, deep freeze unit, ultra sonic steriliser, lampson tube casualty clearing station, operating session time restrictor, an overshoe shrinker, or even a consultant's changing room locker (for it was very large). Whatever it was, it clearly had gone on holiday. By now the voices of those able to speak in the clearer air outside were shouting "It may be the incinerator." Incinerator or no, it was pathological and as no one knew how to work it and the situation was becoming more dangerous, all the nobs were switched in the opposite direction and the hosepipe played upon it.

By the time the fire engines arrived the incinerator was not even warm or smoking. The firemen were persuaded reluctantly to go up by the stairs rather than a turn-table extension ladder, and a resourceful assistant house surgeon went round the ward waking up the patients to tell them the fire was out and the crisis over.

As one resident remarked sadly as he wandered wet back to the College in the darkness "A pretty useless fire—Why couldn't it have burnt those midget sized lockers in the house surgeon's changing room instead?"

GUY'S HOSPITAL LIBRARY 17 MAY 1961

IN BRIEF:

Dr. W. N. Mann has been appointed newly to the Board of Governors.

Professors Butterfield and Polani have been elected Fellows of the Royal College of Physicians.

Dr. C. W. Kesson, Paediatrician at St. George's Hospital, Dr. B. G. C. Ackner, Physician at the Maudsley Hospital, were elected Fellows similarly.

Dr. G. R. W. N. Luntz, Consultant Chest Physician to the Birmingham Chest Service, left on 2nd May on a British Council Lecture Tour of Poland, at the invitation of the Polish Ministry of Health. He will be away for one month.

The final record of the Rugby Club for the 1960-61 season was: Played 33, Won 12, Drawn 2, Lost 19; Points for 228, against 385.

Dr. R. C. Hallam has been appointed consultant clinical pathologist to Bedford General Hospital.

GUY'S DIARY

MAY

23rd	T	5.0 p.m.	Dr. Samuel Pruzansky. Clinical Lecture. *The Cleft Palate Problem.*
25th	Th	1.00	Dr. Carnegie. Clinical Lecture. *Chloroform, Ether, Fluothane—Which ?*
26th	F	1.00	Mr. W. O. Sloman. Clinical Lecture. *Opportunities for Medical Research in the Antarctic.* (With film).
29th	M	1.00	Dr. McArdle. Clinical Lecture.
		1.00	Mr. A. R. F. Thompson. Dental Lecture. *Bridge Work.*
30th	T	1.00	Mr. Kilpatrick. Clinical Lecture. *The Testicle—Tumours, Torsions.*

JUNE

1st	Th	1.00	Mr. Grant Massie. Clinical Lecture.
5th	M	1.00	Mr. J. W. Mansie. Dental Lecture.
6th	T	1.00	Professor J. E. Bordley, M.D., Professor of Laryngology of Otology, Johns Hopkins Hospital. Clinical Lecture.
8th	Th	1.00	Dr. Hardwick. Clinical Lecture.
13th	T	1.00	Professor R. E. Lane. Clinical Lecture. *Industrial Pulmonary Disease.*
20th	T	1.00	Professor R. E. Lane. Clinical Lecture. *The Return to Work.*
23rd	F	1.00	Professor J. E. Bordley, M.D., Professor of Laryngology and Otology, Johns Hopkins Hospital, will give his second Clinical Lecture in the Anatomical Theatre.

NOTICES

The Innominate Club

The next Annual Dinner will be held on Friday, 2nd June, 1961, at the Trocadero Restaurant. Jarman will be in the Chair. Tickets—price 35*s.* are obtainable from G. T. Hankey, 89, Harley Street, W.1.

Guy's Sports Day

SIR,—Guy's Sports Day is being held at Honor Oak Park, on Saturday, 3rd June. In addition to the usual athletic events there will be novelty events, side shows and competitions, and we hope that all at Guy's will bring their friends and families and help to make it an enjoyable and sociable afternoon.

For those not completely exhausted by the afternoon's activities there will be a dance at 8 o'clock p.m. in the Students' Club in Newcomen Street.

Yours etc.,

C. B. BOOTHBY,
Captain Athletic Club.

I. ROBINSON,
Hon. Sec. for Sports Day.

OBITUARIES

JASPER CECIL PROSSER-FRENCH, L.D.S.

It is with sorrow that I record the death on 10th April, of "Jay" Prosser-French, at the age of 46. He qualified at Guy's in 1936, and I recall that in our final year he read not only the recommended books, but others in French and German.

For many years he had been a dental correspondent and reviewer for the *Lancet*. He had an encyclopaedic mind, and apart from his work took great interest in electronics, computors, mathematics, horology and a global interest in railways. For many years he annually reported our Dental Clinical Day in the *Lancet*.

Jay joined the editorial staff of the *Lancet* full-time in the autumn of 1960 and was revelling in his work, bringing as it does intellectual stimulus from all over the world. He was a keen student all his life, with great mechanical aptitude, in very diverse fields. He was a mine of information to his colleagues and kindness personified to his patients. We mourn the loss of a most unusual and gifted personality.

Jay leaves a wife and small daughter.

W.M.G.

MISS KATIE LOOKER

Many readers of the *Gazette* will be sad to learn of the death of Miss Katie Looker, a notable member and outstanding teacher in the Guy's Hospital Nursing, Massage and Electrical, and Radiography Departments.

In 1911 after some experience in teaching, Miss Looker entered the Nurses Preliminary Training School, and from then onwards became successively Sister in the Preliminary Training School, the Eye Ward and Night Sister until 1918. After obtaining the Diploma of the Chartered Society of Massage and Medical Electricity in 1921, Miss Looker was appointed Sister-in-Charge of the Electrical Department and School, and in the same year established the first School of Radiography and Radiotherapeutics. She became a member of the newly formed Society of Radiographers in 1923 and held the post of Sister-in-Charge of the Electrical and Radiography Departments and Schools until her retirement in 1937.

For her, retirement was short-lived, for in 1940 she returned to the X-ray Department of the Guy's Unit at Orpington, Kent, where she assisted throughout the war years. Her whole life was devoted to Guy's, and many students whom she trained, will remember her as a clever, wise and tremendously energetic tutor and administrator, with a delightfully subtle sense of humour. To the end she retained a keen interest in the progress of the School of Radiography, the development of the department, and the activities of her former students, many of whom owe to her their success in Radiography and Physiotherapy.

B.M.R.

Contributors are reminded that copy should be received at the "Gazette" Office a week before the day of issue. Small items arriving later can be included, but anything arriving later than 10 a.m. on the Monday of the week of publication can not.

The Deafness of Beethoven

(Abstract of a Clinical Lecture delivered recently by Philip Reading).

We are today the heirs of centuries, the inheritors of many fine and valuable things, the products of the struggle of noble minds against adversity, the fruits of suffering. We may do well to ask ourselves whether a period of national prosperity, such as we now endure, can indeed be the soil from which will emerge works of art, as noble as those our forefathers have bequeathed. In this age of fatted, democratic apathy, it seems that our legacy to posterity is to be the despoliation of that beautiful country-side, preserved for us by the devoted care of our ancestors; in the fair and defenceless meadows we erect petrol stations, "luxury flats" and atomic plants—what cannot be fouled with bricks and mortar can at least be scribbled over with power cables and pylons.

As with nations, so with individual men, present suffering may be infinitely more valuable to our heirs than present prosperity. There are few better instances of this than Beethoven's conquest of his infirmity of deafness.

Ludwig van Beethoven was born in the winter of 1770 in Bonn, and in this town he grew up until he went to Vienna in 1792.

His father, and his before him, were employed as musicians at the court of the local princeling, the Elector Max Franz. In this musicianly atmosphere the boy progressed rapidly, so much so that at the age of eight he performed in public some piano-concertos and trios, and at nine he was occasionally allowed to deputise for his teacher, the Franciscan Willibald Koch, at the organ of the Minoriten Kirche. By the age of thirteen he had become an accredited musician at the court of the Elector.

Christian Gottlieb Neefe, a member of a group of itinerant musicians, recognised the boy's powers and was influential in shaping his future. He wrote: "This young genius deserves to be supported, so that he may travel. He is certain to become another Mozart, if he continues to progress at the same rate as he has done hitherto." In 1792, largely as a result of Neefe's influence, Beethoven left Bonn for the imperial city of Vienna, to seek his fortune in the wider field there offered. He was destined never to return to his birthplace.

In Vienna he devoted his time to learning, teaching and to the perfection of his keyboard technique. In 1795 he gave his first public performance in that city; by 1800 he was acknowledged as its leading pianist on account of his powers of improvisation and his masterly technique.

So much for the public figure, what of the man ? He is recorded to have been a happy, genial young man, well liked by all his friends.

His health was never robust; from adolescence he had been afflicted by recurring attacks of abdominal pain and diarrhoea, and this complaint was to dog him through life, was indeed to be the cause of the cirrhosis of the liver, from which he died. His habits were simple, he liked a glass of wine and was fond of the company of women though he was no libertine. He was a great walker, and took his exercise in long, solitary rambles in the charming country side around Vienna.

At the age of twenty-seven he noticed tinnitus and some loss of hearing; three years later his deafness had grown worse, though he was still able to conceal his defect well enough in general conversation. At this time he wrote: "My hearing has grown steadily worse for three years, my ears whistle and buzz continually . . . Heaven knows what will become of me." A year later: "I may say that I lead a miserable life. For two years now I avoid all society, for I cannot say to people 'I am deaf'. In another calling such a course might be possible, but in mine it creates a terrible situation."

In vain he consulted physicians; they were as ignorant of the cause of his complaint as he, and as helpless to relieve it. At that time, the state of otology was elementary in the extreme. Catheterisation of the Eustachian tube and paracentesis of the tympanic membrane were being employed empirically in a few centres, trephination of the mastoid cortex had been performed rather haphazardly but had fallen into serious disrepute. Ear drops, often of the most bizarre composition, were freely prescribed, and the ear syringe was sufficient armamentarium for the most fashionable and prosperous aurist.

Beethoven himself hit on an expedient to assist his failing ears. He found that by gripping a drumstick between his teeth and resting the other end on the piano lid, he was able to hear the sound of the instrument more loudly. In 1546 Ingrassia had noted that a vibrating tuning fork could be heard when its base was applied to the teeth, and Bulwer in 1644 that music could be heard by the same method by some deaf people. But not till 1825 did E. H. Weber systematise the use of tuning fork tests in otology, and not till then was the value of bone conduction generally appreciated by physicians.

"But what a humiliation it is when having someone near me who hears a flute in the distance—and I hear nothing—or that he should hear a shepherd sing—and I hear nothing." When Beethoven wrote this, he was being driven by his increasing deafness into darkest despair, and in 1802 he withdrew for a time to a small town near Vienna, Heiligenstadt. Here, at the age of 32, he was so consumed by melancholy as for a time to despair of being able to continue a useful life. Here he wrote his will, the Heiligenstadt testimony. "Thus do I take my farewell of thee—and indeed sadly—yes, that beloved hope which I brought with me when I came here to be cured at least in a degree, I must wholly abandon. As the leaves of Autumn fall and are withered, so hope has been blighted; almost as I came, I go away—even the high courage which often inspired me in the past beautiful days of summer has disappeared."

In the Beethoven Museum at Bonn stands the grand piano,

specially constructed to overcome his deafness, and on this he composed. "On this piano he liked to extemporise specially in the evening twilight. This . . . was mostly very charming, but often it was inharmonious and deafening." So wrote a man who used of an evening to linger under Beethoven's window. The deafness may be blamed for this occasional disharmony, and his public playing became less popular and his appearances progressively fewer. He gave his last solo recital in 1810.

Though deafness put an end to his career as a virtuoso, his spirit could not be defeated, and his restless energy drove him more and more into composing. Before acknowledging defeat as a performer, he had written relatively little; by 1800 he had composed the first sonata and three piano concertos. Now from 1803 to 1812 came a flow of masterpieces, the Eroica, the fourth and fifth symphonies, the Pastoral, and the seventh and eighth. A small monument in the country near Vienna indicates the spot where Beethoven wrote some of the Pastoral symphony: "Here I wrote the scene at the brook, and the yellow-hammers up there, the quails, the nightingales and the cuckoos round about did part of my work." This suggests that even in 1808 he could hear some at least of the lower toned bird song, though as we have noted earlier, he had lost some of his hearing for notes of high frequency. The lark and the great tit and many of the smaller birds rapidly become inaudible to any one suffering from a loss for the higher frequencies, the blackbird's and thrush's song falls largely below the frequency of 4000 cycles per second, and the cuckoo's lower still. One of the minor tragedies of suffering from a loss of hearing for the higher frequencies is the inability to hear any bird song other than that of the disharmonious crow, rook, magpie and jay.

By 1812 he had acquired four ear trumpets made for him by Malzel, the inventor of the metronome; in spite of the aid they afforded, he was forced also to rely on a conversation book in which his friends had to write what they wished to say to him.

Now in his early forties, he was showing the psychological reactions of the severely deafened. Retreating from a society in which he felt more and more ill at ease, he grew increasingly solitary, distrustful, and suspicious of those round him. He became entangled in a protracted law suit, and his money affairs grew involved so that at times he was hard pressed for ready money.

At the age of forty-seven, he could no longer hear even a shout; yet at this time he completed the writing of the Mass in D. Three years later his deafness inflicted a further public humiliation on his self-respect. "Beethoven insisted on conducting the rehearsal of Fidelio. From the duetto of the first act, it was evident that he heard nothing of what was passing on the stage . . . a general confusion resulted . . . after a few words with the singers, the performance went on. But the same chaos came again. Beethoven, uneasy and agitated, was looking round trying to read in the faces of the people the cause of the obstacle, there was silence everywhere . . . In one movement he jumped down . . . ran in one breath to his home . . . entering, he threw himself on the sofa, covering his face with his

hands, remaining in this attitude until dinner. At table it was impossible to get a word out of him; he had an expression of collapse and of the deepest sorrow . . . In all my future dealings with him, I have never known a day that could be compared with this fatal day of November. He was stricken to the roots of his being, and until the very end of his life, lived under the shadow of this terrible event."

The last few years of his life found him completely deaf. He attended the first performance of the Ninth symphony in 1824, and a friend had to turn him round before he realized that he was being tumultuously applauded by the audience behind him. At the age of fifty-one he suffered from a severe attack of jaundice and from then till his death he was afflicted not only with failing health and loneliness, but also with domestic worries. Out of the kindness of his heart, he had taken his nephew, Karl, to live with him, but this shallow and selfish person found life with his eccentric, deaf and morose old uncle more than he could endure, and in 1826 he made a theatrical show of attempting to commit suicide by shooting himself.

From behind his terrible wall of silence and of suffering, Beethoven could yet give the world the last, and most valuable, fruits of his musical genius, the Quartets.

At the age of fifty-seven, his ailing body began to fail. Jaundice recurred, together with generalised oedema, ascites and bronchopneumonia—the terminal stage of cirrhosis of the liver. About this time an acquaintance wrote of him; "Suffering, melancholy and good nature showed in his face, but not a sign of harshness."

Beethoven sank into an uneasy coma, from which at one moment he roused himself to whisper to his friends round the bed : "Plaudite, amici, comoedia finita est." The following day, while a violent thunderstorm was shaking Vienna, he made as if to rouse again, sat up, and died.

The cause of his deafness has long been a subject for discussion. A post-mortem examination was performed, but the report throws no useful light on the state of the middle or inner ears.

It is always tempting to try to resolve the illness of any individual patient under one pathology, but it is very doubtful if his deafness can be linked in any way with those diseases from which we know him to have suffered. For instance one might speculate whether lack of vitamins synthesized in the gut could have damaged his cochlea. Prisoners who have been starved and so deprived of Vitamin B complex, have been known to suffer cochlear damage in this way. His continued diarrhoea must have interfered with normal bacterial activity in the intestine, and indeed cirrhosis is produced in this fashion.

Again one may ask if the jaundice from which he suffered could have inflicted injury on the central connections of the auditory nerve within the brain. New born infants who develop severe jaundice as a result of Rhesus incompatibility may be permanently disabled by very defective hearing, but there is no authenticated case of jaundice damaging the hearing centres in adult life.

The aspersion has been made that Beethoven's deafness was due to syphilis. There is no clear evidence that he ever did suffer from so shameful a complaint, and the suggestion is best passed over with contempt as an instance of detraction by small minded biographers.

Diseases of the cochlea, the auditory nerve and its ramifications into the central nervous system—and there are more of these diseases than can be discussed in a short paper—are accompanied by a deafness which for reasons of brevity, if not of exact accuracy, may be labelled *perceptive*. The sufferer from this kind of deafness exhibits a marked reduction in the capacity to hear a vibrating tuning fork, when its base is applied to the mastoid process or the teeth. This reduced bone conduction is easily elicited in the consulting room be applying a fork alternately to the mastoid processes of the patient and of the examiner. The latter will be able to hear the sound of the fork long after it has become inaudible to the patient.

We know also that in this form of deafness there is a selective loss for the higher frequencies of the normal range of human hearing.

Beethoven was able for many years to hear by means of a stick connecting his teeth to the case of his piano—an indication of good bone conduction, and proof positive that his lesion was not perceptive in origin but *conductive*, i.e., arising from some part of the middle ear, tympanic membrane and ossicles.

There are not many causes of progressive deafness arising from disease of the middle ear—let us exclude the commonest, suppurative otitis and mastoiditis. There is a record that Beethoven was prone to earache in childhood—but no mention of discharge from the ears then or later. So many children have transient earache, and so very few develop deafness later, unless suppuration follows, and not always then. He may have had a low, subacute infection of the middle ears, leaving him with a legacy of scarred, immobile membranes—chronic adhesive otitis is by no means common. We shall never know.

The nature and course of his deafness agree better with the symptoms furnished by otosclerosis. This consists pathologically of the formation of small patches of new bone on the surface of the bony capsule which surrounds the internal ear. Their etiology is obscure in spite of much research. The new bone causes no symptoms, until it encroaches, as it often does, on the margins of the oval and round windows. Once the foot plate of the stapes is fixed by the invasion of the new bone, *conductive* (middle ear) deafness results.

About half of the sufferers from otosclerotic deafness will be able to give a history that some other members of the family are similarly affected. Beethoven had no family history of deafness. It is a negative finding that does not preclude otosclerosis, but a positive family history would have been strong confirmatory evidence.

The deafness most often becomes apparent in the second and third decades of life—sometimes earlier—sometimes later. Beethoven began to complain of his deafness at the age of twenty-seven, and about the same time he noticed tinnitus—another characteristic symptom of otosclerosis.

The deterioration of hearing is progressive, but the rate of its advance differs from patient to patient. A rapid advance is an indication of a poor prognosis for the eventual hearing, whether surgery is employed or not. In the five years from twenty-seven to thirty-two, Beethoven underwent a rapid deterioration of hearing, and—a still worse prognostic sign—he began to lose his hearing for the upper frequencies normally audible by the human ear (Fig. 1.)

In assessing the prognosis of otosclerotic deafness—and in selecting the patient suitable for surgery, a study of the audiogram is invaluable. The earliest change in otosclerosis is a reduction for hearing in the lower frequencies, 250 to 2000 cycles per second; above that level the hearing is practically normal. The bone conduction curve is normal, so that the patient, as Beethoven did, hears better by bone conduction than by air. (Fig. 2.)

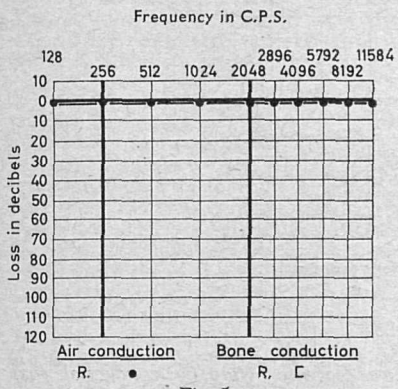

Fig. 1

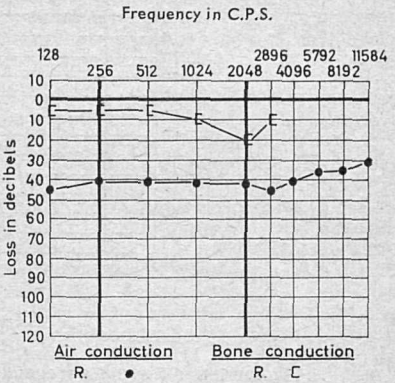

Fig 2.

Figure 1. Audiogram of normal hearing

Figure 2. Audiogram of conductive deaffness. Note good bone conduction and loss of some 40 decibels for air conduction.

Suppose that Beethoven were alive today, and that he consulted an otologist, when at the age of twenty-seven, his hearing and tinnitus were causing him increasing worry. His audiogram may be imagined to have somewhat resembled that above. The choice before him would be between the use of a hearing aid and an operation on the immobile stapes. This operation is conducted through the external auditory meatus; it consists of mobilising the stapedial foot plate within the oval window by direct pressure with fine probes or, if that fails to improve the hearing, the bodily excision of the stapes, foot plate, crura and all, and its replacement by a polythene prosthesis attached at one end to the lower end of the long process of the incus and at the other resting in the oval window. One would expect that he would decide on operation. As a musician he could not easily suffer the stigma, as is so often felt by the wearer, of a hearing aid. At this early stage surgical treatment might well have given him a long period of good hearing.

Suppose that he had come for consultation at a later stage in

his middle thirties. He had just finished the Eroica, but life was becoming unbearably lonely. (Fig. 3). We may suppose that his audiogram now shows a loss of some 60 decibels, and the upper frequencies are now not heard at all well. The line of the audiogram now slopes down to the right, the so-called "falling curve" and the bone conduction is also reduced, and falling off in the higher register. He is practically beyond the help of surgical relief. The gain he could expect from surgery is small, though it might enable him to hear better with a hearing aid. The rapidity of progress of the deafness, the upper tone loss, and the indifferent bone conduction would deter one from advising any operation.

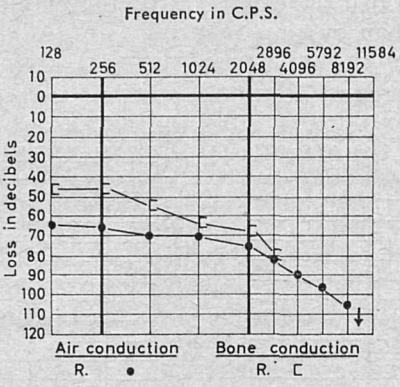

Fig. 3

Figure 3. Audiogram of advanced conductive deafness Note air conduction loss of 60 or more decibels with increased loss in the higher frequencies. Note also marked reduction for hearing by bone conduction.

If this speculative diagnosis of Beethoven's deafness as being due to otosclerosis is right—and it is more likely to be right than any others that have been suggested from time to time—and if he were alive today, his suffering would at least have been alleviated. It is doubtful whether surgical operations would have given him permanent relief, but he would certainly have heard better and longer either as a result of surgery or of using a modern transistor hearing aid.

He might well have led a happier life, but from the silence of his deafness rose the great symphonies and the quartets. Unrelieved deafness crippled his career as a piano virtuoso and drove him more and more into the agony of composition. If some meddlesome otologist had been able to restore his lost hearing, would future generations enjoy the legacy of his music, or would they be left with the faded memories of another Liszt ?

CORRESPONDENCE

Letters to the Editor of the Gazette

Bad News Travels Fast

SIR,—I recently received a visit from a member of the nursing staff of a London teaching hospital who was touring this country to study techniques used in hospitals to reduce cross-infection. Before leaving England she had visited Guy's as part of a similar project and her account to me of this visit prompts this letter.

She was taken to a ward, which is unhappily identifiable from her accurate description. She was greeted by the Sister in charge who stated, in effect, that as far as she was concerned, this business of staphylococcal cross-infection was a lot of nonsense. Whether this remark was a serious expression of opinion or a tactless jest seems to matter little for the effect upon the audience was profound. My visitor considered it sufficiently important to recount to me, and doubtless to many others.

Some months ago, I attended a talk given by an overseas lecturer who was touring this and other countries, generously endowed I expect, by one of those charitable organisations dedicated to the advancement of medical science. The speaker in question spent some time telling an audience of practising obstetricians and paediatricians that the staphylococcal problem in hospitals did not exist, that there were no epidemic strains of staphylococci, that nasal carriers were of no consequence and that coagulase positive staphylococci probably did not cause neonatal conjunctivitis because the organism could be recovered from normal eyes. Both the Arts and the Sciences have their share of individuals who deliberrately shock their audience in an effort to impress. It is sad that even one Guy's nurse should join this group of people who can only draw attention to themselves by proclaiming that the world is flat. New buildings and modern equipment are unlikely to contribute towards the control of hospital infection unless the people using them are convinced that there is a real problem and that their personal effort will go a long way towards solving it. While it is perhaps unreasonable to pay too much attention to the chance remark of one member of the nursing staff, one has always hoped that this attitude would never prevail at Guy's. However, bad news travels fast.

Yours etc.

KEVIN ANDERSON.

Adelaide,

South Australia.

(*Doctor Anderson will be pleased to hear that an eight page memorandum—"The Guiding Principles for the Avoidance of Wound Infection and Cross-Infection" prepared by a special sub-committee of the Medical committee was issued earlier this week to all the Staff including the Sisters.*—ED.)

Keats

SIR,—*Cuiusvis hominis est errare*, as the schoolboy said, when the schoolmaster threatened him with an imposition. I see that in my letter the year of Keats's entry into Guy's appears as 1816: it should, of course, be 1815.

Yours etc.,

H. ST. H. VERTUE.

Orpington.

National Health Service

SIR,—May I submit the following advice to nearly qualified Dental Surgeons who are about to enter the mysterious and perplexing world of the National Health Service.

I am moved to write this article after reading the excellent advice given to "would be" doctors in the recent *Gazette* and feel that the Dental School should not be omitted:—

As students you meet patients who, on the whole, are awed by the rows of Dental chairs.

There are two aspects of the Health Service which need to be carefully chewed and digested well.

Patients

To be a success one must have patience as well as patients.

The above commodity can be classified.

"*I know my rights*"

This type can be readily recognised, he or she varies from the ardent socialist—"We'll show these capitalists who's boss", to the determined adamant intellectual, "I HAVE to pay National Insurance" this being a fact of which you are naturally not aware and the fact that you also have to pay irrellevant !

The stride into the surgery is rapid and the place in the chair quickly taken and an air of determination to have what they want pervades the individual, especially as they are avid readers of all the gossip printed about the profession—"I'll bet he has sly week-ends with his receptionist on his yacht".

A very difficult case this because gold inlays are expected in every tooth and dentures must transform them into film stars.

Treatment:—Be forceful yet polite, indicate what they CAN have, a ready argument is the fact that you are only liable to render the patient REASONABLY dentally fit, *i.e.*, the cheapest way possible.

The Private Patient Trying The Scheme

Without doubt the most annoying and vexing of the lot especially as they obviously regard the National Health dentist as an inferior being. They blandly insist on a scheme denture (£4 5*s*. 0*d*. maximum to them), to be an exact replica of their existing £30 one and are indignant at your refusal. They also "Do not see why I cannot have the rest of my fillings done in gold", and would also like all the upper front teeth crowned.

Treatment:—Politely rude and explain that your fee of £9 9*s*. 0*d*. was not considered a lot pre-war. Again trot out the "reasonable" dental fitness ode.

Above all, do not, I repeat do not, be coerced into fighting the Estimates Board on their behalf, because this type is not grateful for what you do and in any case they are quite capable of paying for expensive dentistry.

"*A Little Bit of Knowledge . . .*"

"What I need of course is a skeletal partial upper"—an opening gambit which befell me.

There is also the patient who walks in with "I've pyrrhoea and the lot should come out", this before you have even had time to say "Open please".

"If I must have a local it must be without Adrenaline, otherwise I faint".

Then there is the ex-dentist's nurse, or services dental orderly "I have a distal cavity in my upper left six".

This last named is a pest because they can be caught after leaving the surgery peering into a mirror to see what you have done.

Treatment:—Tact, PATIENCE, and instill into the patient your keenness to do the very best for them, subject of course to their approval of your line of treatment !

The Unpunctual

One perogative of the National Health patient seems to be that they can:

a) Come 20 minutes late and still expect to be se n.

b) Cancel 10 minutes before they are due.

c) Just not turn up.

Treatment:—Send a bill after the second failure, it will (produce a punctual patient, orb) the individual will never darken your doorstep again—no loss believe me.

The Reasonable Patient

Happily there are many, otherwise we should all become stark raving lunatics !

The Estimates Board, Etc.

In all sincerity I do think some tuition should be given to students on this difficult topic because I am still groping in the fog as to how this impregnable fortress at Eastbourne functions.

Every time you fill in a claim form it is rather like the "Lucky Dip". Sometimes it is paid and sometimes it is flung back at you or referred to the R.D.O.

Every now and then an item is released from the prior approval list, on paper that is, because you find that in some cases there are so many restrictions imposed it may just as well require prior approval.

Treatment:—Do not drive yourself crazy but restrict National Health dentistry to the simple things in life, because I am sure E. Sampson was right in one of his books when he prophesised a swing back to private practice.

One final bit of advice: treat your vocation seriously, yet light-heartedly, and you may live to receive your superannuation pension !

Yours, etc.,

L. B. LUX.

(*Alias E. C Seventeen.*)

'Kintore," Ashley Road,
Hale, Altrincham,
Cheshire.

REVIEWS

'*Sedans*' *Re-educative Treatment of Suppression Amblyopia.* (English Edition.) E. & S. Livingstone Ltd. *Price* 25*s*.

It is possibly not realised by those not connected with eye work that many thousands of adults suffer from visual loss in one eye which otherwise is clinically normal. In many of these cases the defect is a legacy of a childhood squint. With consistent and correct treatment many of these cases would have had two normal eyes and good binocular vision. Others prove impossible to cure even with the modern methods. The book under review is a treatment of suppression amblyopia. It is intended to be used as an adjunct to other forms of treatment. It is emphasized that foveal fixation and correct spatial localisation must be achieved by the amblyopic eye before this treatment can be commenced. It is, therefore, of greatest value to those who practice pleoptics. But the treatment could be used in any amblyopic eye providing that foveal fixation is an established fact.

The first series of exercises provide material for 'proof' reading. The print is graduated from large to very small and careful reading is encouraged by asking the patient to find the mistakes. The remaining exercises require the recognition of mistakes in drawings of everyday objects, then patterns, and finally letters and numbers. There are a few diagrams to encourage correct spatial localisation in the normal follow movements of reading along a line.

The book is intended as a home exercise to be borrowed or purchased by the patient. In use over several hours with pencil and rubber the pages will become very grubby. The lifetime of such a book is, therefore, very limited, and possibly more children could own this work if a cheaper binding were available or even paper back sections.

Mr. Keith Lyle, Misses Douthwaite and Wilkinson are to be congratulated upon making this treatment available to English speaking patients.

C.M.R.

Midwifery by Ten Teachers. Editor: ROQUES. Ed. Arnold Ltd. *Price* 45*s.*

This book, written by ten contributors including Mr. T. L. T. Lewis from this hospital, is a very good textbook of Obstetrics for the undergraduate. It is slightly larger than most of its competitors, containing 720 pages of text, with an increase of more than 100 pages over the previous edition. This is due to the inclusion of three new chapters; a short introductory chapter, and chapters on Blood Transfusion in Obstetrics and Vital Statistics; and also to the fact that the chapters on Abnormal Presentations, Diseases Associated with Pregnancy, Obstetric Operations and Caesarean Section have been almost entirely re-written. The extra pages are, however, well worth while, and serve to keep the book up-to-date and to lay emphasis on important topics, both from the point of view of examinations and practice. The book is readable, extremely practical, and very well illustrated, there being over 250 illustrations.

For the beginner, there is a detailed account of the physiology of menstruation and pregnancy, and of foetal physiology. The anatomy of the foetal skull is fully dealt with, as is the complimentary anatomy of the female pelvis, with the exception that the measurements of the female pelvis are incomplete and hidden in the text. A table would have been useful. The descriptions of the ante-natal period, of normal labour and of the normal puerperium, and their management are complete. Thus, for the beginner, the first 160 pages provide a useful introduction to Obstetrics. In addition, at the end of the book there is a detailed account of the care of the newborn infant, and of diseases of the newborn.

The chapters on Obstetric abnormalities are, on the whole, extremely good. Emphasis is on the practical aspects of the management of abnormal conditions, so the reader is well prepared for practice and for the current trend in examination questions. The chapters on pre-eclampsia, abortion, diseases associated with pregnancy, multiple pregnancy, and abnormal uterine actions are all good. The account of the management of the occipito-posterior position and of Obstetric Operations, particularly forceps delivery, is excellent. I was, however, disappointed in the chapters on breech presentation and ante-parturm haemorrhage. The account of the management of the breech delivery is not clear. No real distinction is made between the unassisted and assisted breech delivery, and breech extraction, and indications for each are lacking. Complications and their treatment are mixed with the account of the uncomplicated breech delivery, and there is no mention of the Burns-Marshall and Mauriceau Smellie Vite manoeuvres by name. With regard to ante-partum haemorrhage, the management of each sub-division is considered separately. This is rather artificial and would probably be better considered as the management of a case of vaginal bleeding during the last few weeks of pregnancy, which would lay more stress on its differential diagnosis and dangers.

Noticeably absent is an account of the management of the primiparous patient presenting at 36 weeks with a non-engaged foetal head, though the condition is covered in parts throughout the book. Radiology in Obstetrics would also be better considered as a separate chapter.

Despite such criticism the book is extremely good, and is to be recommended. The criticism that a combination of authors tends to produce inconsistencies does not apply here, though the author of the chapter on occipito-posterior position of the occiput, in allowing his patient to eat small meals during the first stage of labour, disagrees with his colleagues who consider taking solids by mouth unwise in any case likely to require an anaesthetic in the second stage of labour.

In summary, therefore, Ten Teachers 'Midwifery' is a complete textbook for the undergraduate, is readable and well illustrated, and is very practical. It is thus recommended.

M.H.D.

Trifluoperazine, Clinical and Pharmacological Aspects. LEA AND FEBIGER. U.S.A. *Price* £1 6*s.* 0*d.*

This monograph published in 1959, has enabled the editor to collect what appear to be a reliable set of trials and pharmacological information about this drug which was the first major advance after the advent of Chlorpromazine.

The monograph consists of twenty-three clinical papers on the drug itself and two describing pharmacologic and toxicity studies. It is presented under five major headings—Pharmacology, Functional psychoses, Brain Disorders (Mental Deficiency), Psychoneuroses, and Side effects. This is a useful method of classification which enables easy and quick reference on any aspect of the drug.

The timing of the publication also turns out to be opportune, for Stelazine seems to have now gone full circle in the torrent of recent Therapeutic advances in psychiatry. Hailed initially as of tremendous value particularly in refractory psychoses, it then fell into a period of disrepute largely as a result of the appearance of alarming side effects, due in part to its indiscriminate use. At the present time it is enjoying something of a revival being used happily, more judiciously and with good results. Two major points emerge from the present monograph. Stelazine when used properly can be of considerable value to patients who have not been helped by other therapies, but when used improperly it can be of considerable danger.

S.G.

The Biology of Myelin. Edited by S. R. KOREY. Cassell & Co. Ltd. Pp. 405. *Price* £3 10*s.* 0*d.*

This is the fourth volume in the 'Progress in Neurobiology' series. It reports a symposium held in 1957 and attended by forty-nine United States and two Canadian scientists. Unfortunately three years have elapsed between the reading of the papers, and their publication in this country. Hence much important recent work, especially in the chemical field, is not reported. However, as an introduction to the fascinating problems posed by myelin this volume is excellent.

The disciplines that contribute to our understanding of the myelin sheath include electron microscopy, chemistry and biochemistry, electrophysiology, tissue culture and experimental pathology. These are well represented here.

F. O. Schmitt discusses physical and electron-microscopic studies of the myelin sheath, showing how his early studies of the radially repeating properties of the sheath fit our present conception of the myelin sheath as a multilayer of Schwann or glial cell plasma membrane. K. R. Porter describes other membrane-limited structures of cells, and S. A. Luse describes the morphogenesis of myelin and shows that Geren's rotational hypothesis (either of axon or Schwann cell) is not adequate to explain the complex patterns of myelin lamellae found within one satellite cell. The discussion of the papers presented is recorded in full. H. Grundfest's criticisms, on physiological grounds, of the electron-microscopic evidence are interesting and important methodologically.

Chemical and biochemical papers occupy half the volume. This is fully justified in view of the striking advances in this field in the last fifteen years. These advances are described by the men who have made them. Thus the structure and properties of plasmalogens are outlined by M. M. Rapport. E. P. Kennedy summarises the pathways and enzymic mechanisms involved in phospholipid synthesis. J. Folch and co-workers describe some of their fundamental work on the chemistry of myelin. Other biochemical contributions come from M. L. Karnovsky, K. A. C. Elliott and R. J. Rossiter.

The electrical properties of myelin sheath and nodes of Ranvier are described by I. Tasaki. The tissue culture work described by W. Hild and M. R. Murray poses many interesting and some unexpected questions, but permits few conclusions.

The chapter with potentially the greatest significance for clinical medicine is on experimental allergic encephalomyelitis. R. M. Condie and R. A. Good have summarised the enormous amount of work on this topic. Since they wrote, the conditions has been described in man by Seitelberger.

The most important discoveries about myelin have yet to be made. This book summaries the position from which the investigator must start.

B.S.M.

Manual of Practical Orthodontics. By W. J. TULLEY and A. C. CAMPBELL. J. Wright & Sons Ltd. *Price* 42*s.*

This book provides a concise, well balanced and stimulating introduction to the field of orthodontics.

Its aims are mainly to bring to students and practitioners an understanding of the general principles of the subject, and practical considerations in treatment.

The author's preference for removable appliances as being in most cases more suitable, and definitely of greater value as regards teaching purposes is evident and understandable.

Although several topics have been considered lightly, there is an excellent bibliography at the end of each chapter for those who are interested in enquiring further.

Altogether this is an excellent book for both students and practitioners and should meet with the success it deserves.

J.B.M.

Aids to Histology. By G. H. BOURNE. Bailliere, Tindall & Cox. Pp. 175. *Price* 10*s.* 6*d.*

The purpose of a book of this type is to summarise concisely and lucidly, the matter which is essential to a basic knowledge of the subject. The author has fulfilled this purpose admirably.

The first two of the books fourteen chapters, deal briefly with cytology and methods of fixation and staining. The remainder of the book is devoted to the origin, structure and characteristics of the body tissues with examples of anatomical occurence and functions enumerated. A comprehensive chapter on connective tissues is notable.

A few of the sketches are helpful, but more representations in greater detail would be of value. Space, however, prohibits such elaboration and textbooks, for example Professor Ham's Textbook of Histology, afford many necessary and useful diagrams and plates.

Fact upon fact does not provide a ripping and holding text; but this is not the authors aim. Purely for its conciseness, price and utility this book should be welcomed by any medical student.

R.S.

Aids to Surgical Anatomy. By D. MOFFAT. Bailliere, Tindall & Cox. *Price* 12*s.* 6*d.*

The fifth edition of "Aids to Surgical Anatomy" is a good little book for fairly quick revision. Many of the reviewer's contemporaries used a bigger book (*e.g.*, that by H. Ellis), at about thrice the price of "Aids" (which costs 12/6d.).

The disparity of prices makes comparison between these books rather unfair, but in the Affluent Society the more expensive book sells well if it satisfies a demand.

"Aids" has the minimum number of diagrams (just over 50) but though this at first seems a disadvantage, those few which are present tend to be remembered better.

There are a few small misprints, *e.g.*, "grooves" instead of "groups" on p. 79 (line 9), Subclacian vein" instead of subclavian artery" on p. 101 (fig. 27), "behind" instead of "above" on p. 193 (line 7), but these do not cause much trouble and the book is good value for money.

P.J.W.

We are pleased to acknowledge receipt of the following books from PAN Books Ltd.:

A LAMP FOR NIGHTFALL—CALDWELL
JUDGMENT ON DELTCHEV—AMBLER
THE MASK OF DIMITRIOS—AMBLER
STRANGE CASES—SAVA
THE OPPOSITE SEX—HACKER
ALWAYS ANOTHER DOOR—KEAY
DEEP WATER—HIGHSMITH
RAPE OF THE FAIR COUNTRY—CORDELL
THE ONE-EYED MONSTER—PRIOR
SCARAMOUCHE—SABATINI

SPORT

CRICKET

Guy's Hospital v. Honor Oak

Result—Guy's won by 40 runs 13th May, 1961

Despite a perfect batting wicket the early Guy's batsmen were subdued by a persistently accurate attack. However, the middle order with Sievers, carefully lofted drives into the outfield and Myall playing very correctly placed Guy's in a better position. However, Honor Oak had over two hours for the runs and when 58 were scored for the first wicket the writing seemed on the wall. Fine bowling by Knott, who bowled unchanged, and Cook, whose faster ball proved very effective, saved the day and Guy's won by 40 runs.

Guy's

H. McGregor, l.b.w., Tuhey	18
T. Cheeseman, run out	11
T. Huins, b. Tuhey	10
G. W. Cook, ct. Beavan, b. Tuhey	1
R. W. Myall, st. Beavan, b. Mellor	25
K. M. Pagliero, b. Kerner	14
P. F. Sievers, ct. Trafford, b. Cheeseman	51
J. Norman, ct. Best, b. Sheffield	4
M. Walker, ct. Cheeseman, b. Mellor	8
N. Knott, ct. Beevan, b. Cheeseman	21
R. Trevelyan, not out	3
Extras	10
Total for 10 wickets	176
Honor Oak total for 10 wickets	136

Bowling	O.	M.	R.	W.
N. Knott	19	4	62	4
R. Trevelyan	6	0	29	0
G. W. Cook	12	3	38	6

Guy's v. The Wanderers

3rd May, 1961 *Result:* Won by 8 wickets

The Wanderers, on being put into bat upon a lively wicket, soon found themselves in trouble against the Guy's opening attack of Trevelyan and Knott. The only resistance of any note was given by the Wanderers' 6th wicket partnership, and it might be said that the Guy's attack was on top from the start. Aided by good close to wicket fielding and accurate throwing from the outfield, the Wanderers innings closed at 129. Bernard and McGregor set after the total at a rapid rate of scoring, and giving a fine display of stroke play and running between wickets in completing a 100 partnership for the 1st wicket.

The Wanderers: 129 (S. F. Skinner 28 not out. N. Knott 5 for 32, J. R. Bernard 3 for 16.)

Guy's: 130 for 2 (H. M. McGregor 58, J. R. Bernard 51).

Team: T. J. Huins, H. M. MacGregor, R. W. Myall, I. Gibson, J. R. Bernard, N. Trayfoot, R. Trevelyan, N. Knott, P. McAndrew, T. Cheesman, M. Walker.

LADIES' LAWN TENNIS CLUB

Guy's Hospital v. University College Hospital

Away 10th May, 1961

Result : Guy's won 8 matches to 1.
J. Gardner and P. Heather, Won 3, Lost 0.
J. Siarey and C. Gladstone, Won 3, Lost 0.
R. Williams and C. Lawrie, Won 2, Lost 1.

Guy's v. Charing Cross

At H.O.P. 3rd May, 1961

Result—Won 6-3

J. Siarey and C. Gladstone, Won 2, Lost 1.
J. Gardner and M. Abel, Won 3, Lost 0.
C. Lawrie and P. Heather, Won 1, Lost 2.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointments of **Registrars Full-time and Part-time** (not less than 3 sessions per week), in the Department of Dental Prosthetics to commence duties on 1st October, 1961. The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with names and addresses of TWO referees should be sent not later than **Wednesday, 31st May, 1961.**

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Fellowship

The following were elected to the fellowship at a comitia of the College on 27th April.

B. G. C. Ackner
W. J. H. Butterfield
C. W. Kesson
P. E. Polani

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Membership

J. Payan
A. Robinson
R. S. Wells

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
Second Examination
April, 1961

N. A. L. Baker
C. D. Colling-Baugh
J. G. Cook
G. D. Hodgson
H. G. Lewis
L. W. M. Loader
S. J. Mackay
T. J. Mirams
J. E. J. Sampson
D. W. Tatton

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

F.R.C.P. Canada

F. R. H. Wrigley

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases 5*s*.

REQUIRED

SOUTH LONDON, WALLINGTON. Conscientious Dental Surgeon required. Own surgery, practice and nurse. Airotor Unit and X-ray. Salary 45 per cent. of Gross. Full appointment book. Rent free flat available for first six months. Box No. 267.

GUY'S MAN requires Assistant in dental practice at Eastbourne. Good background, preferably public school Partnership later if mutually required. Modern, fully-equipped surgeries. Box No. 271.

NORWICH. Congenial colleague required for good-class N.H.S. Dental Practice. Excellent remuneration offered together with choice of furnished S/C flat or detached bungalow. Castle, Wealthall and Grieve, 42, Prince of Wales Road.

FOR SALE

ESSEX. Dental group practice for sale in new town. Four surgeries and ancillary accommodation. Long lease, moderate rent. Enormous potential. Premium by arrangement. Box No. 270.

TO LET

FLAT TO LET, south of France. All July and from 12th September. Apply Mr. Goodliffe, Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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Christie, B. G. B. Discussion on Electrodiagnosis. Electrodiagnostic Features of Charcot-Marie-Tooth Disease. *Proc. R. Soc. Med.*, 1961, **54**, 321.

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CHANGES OF ADDRESS

Maurice H. Ede, L.D.S., 202, Harley Shute Road, St. Leonards-on-Sea, Sussex. Tel. : Hastings 7248.

John V. Jeffs, "Helygen," 33, Malden Road, New Malden. Tel. Malden 7438.

Dr. R. C. Morgan, 12, Winscombe Crescent, Ealing, London, W.5. Tel. Perivale 1056.

A. R. Palliser, L.D.S., Otter Bourne Cottage, Otter Bourne, Hants.

T. Glyn Thomas, F.R.C.S., c/o Orthopaedic Centre, P.O. Box 30195, Nairobi, Kenya.

BIRTHS

LISSENDEN.—On 5th May, 1961, at Military Hospital, M'Tarfa, Malta, to Susan (née Wilson), M.B., B.S., and John Lissenden, M.B., B.S., a daughter.

RENNER.—On 4th May, 1961, at Nuffield House, Guy's Hospital, to Helen (née Akiwumi), B.D.S., L.D.S., and Archie Renner, B.D.S., L.D.S., a son (Edward William).

REES.—On 2nd May, 1961, to Gloria (née Cavalot, B.D.S.), and David Rees, B.D.S., a son (Jonathan Mark), a brother for Hugh.

MARRIAGE

THOMAS—JANK.—On Saturday, 29th April, 1961, at Orpington, T. Glyn Thomas, F.R.C.S. was married to Fraulein Christl Jank, S.R.N.

DEATHS

GORER.—On 11th May. 1961, suddenly at Haywards Heath. Doctor Peter Alfred Gorer, F.R.S., of 3, Fairway Close, Wildwood Road, N.W.11, and Guy's Hospital, aged 54.

LOOKER.—On 25th April, 1961, at 4, Grosvenor Crescent, St. Leonards-on-Sea. Katie, aged 73 years (Sister-in-Charge School of Radiography, Guy's 1911-1937).

Eds. {S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1901 3*rd June* 1961 *One Shilling*

PASSIM

DURING the past year two diphtheria outbreaks have occurred and several sporadic cases of the disease have made their appearance. This decrease in control previously exercised over the appearance of clinical diphtheria has stimulated much interest in the factors which account for such a regression. The doctor's responsibility to the population under his care lies not only in treating his patients for the condition with which they present, but also in protecting them against serious and preventable diseases; the strides made in preventive medicine and public health make this last remark appear platitudinous; this is probably because the present generation has learned to live with its infections and vaccinations sustained (at no great discomfort) in its early childhood. Most men in most streets know the principle of immunization and accept it as part of modern life. One of the most important questions prompted by the increased incidence of diphtheria has been: are the public also aware of the *value* of communal protection against diphtheria since the disease acquired its occult form after the introduction of immunization ?

The figures for the earlier outbreak in a Midland town are most informative on this point: the percentage of the population aged 0-15 completely immunized within the last 5 years was level at about 40 but the outbreak and consequent scare in the town sent this figure to 65 (later rising to 70). The medical officer concerned told us, with a touch of desperation in his letter, that four months later parental concern had already begun to wane and that the only way to keep the figure high is to devise a method which entails no effort or expense on the part of the indifferent parent, in fact, immunization at home or at school. The parent who cannot be bothered and the frustrated Medical Officer are separated by a barrier of public complacency which is now a prominent feature of the National Health Service in other fields.

However, before the clinics become mobile and several hundred thousand pounds is invested in caravans and lorries and advertising to bring the Mountain to Mohamet, it is surely worth while to exhaust every possible source of information regarding the factors which govern the attitude of parents to immunization. For instance, the influence of radio and television was dramatically demonstrated in Camberwell, where unusually large attendances were recorded at

Immunization Centres during the outbreak—after advice for screening and inoculation had been given on the air. The press were similarly co-operative and no doubt contributed to the increased awareness of the epidemic danger. We cannot omit to mention the prompt and efficient action of the superintendent of the local fever hospital, the medical officer of health and the general practitioners, which led to the final limitation of the outbreak.

Clearly the impact of an outbreak evokes a transitory anxiety in the population, and for a few months at least, immunization rates are high. Attempts at maintaining the high level are being undertaken, and one of the most important branches of investigation is the analysis of the public attitude to health propaganda in the various media used for this purpose.

A recent pilot survey undertaken by Dr. H. D. Chalke, Medical Officer of Health at Camberwell may be read in *The Medical Officer* of 22nd April, 1960, which embraced a wide section of the community on a wide variety of media provoking 'health education'. The results are interesting and constructive: two facts pertinent to this editorial may be brought to light. Firstly, the popularity of television as a vehicle for health education cannot be overlooked. It is significant also that there is strong feeling that more money should be spent, and that health matters should be placed before the public in a manner which will compete with commercial advertising. Secondly, the enthusiasm for programmes on poliomyelitis demonstrates the undue public interest in this as compared with other diseases, for example, only a very few respondents mentioned diphtheria immunization and B.C.G. As was expected, posters and pamphlets are not regarded as a good health educational medium.

So what part does public awareness play in the epidemiology of diphtheria ? Clearly, more than was commonly thought a few years ago. Or are we witnessing the emergence of a 'negative density-dependent factor' (ecologically speaking) ?

One thing remains obvious. Mohamet must be brought to the mountain, even if it means he misses thirty seconds of his favourite Western.

There seem to be two main reactions to working in New Guy's House. Some people go about happily praising everything; others equally contentedly criticise everything. Both self-satisfaction or criticism can be overdone, but now that the whole building is in use, (apart from the Back Surgery wing of the Casualty floor), all must agree how very efficiently it has been made to work in the short time since it was handed over by the contractors. Those responsible for the organisation of the occupation had to be prepared for unknown factors. No modern large surgical building in Britain had been brought into full use in so short a time before. Many of its features were new to this country, and certainly those who arranged the Central Sterile Supply Department so brilliantly had little opportunity of seeing similar units elsewhere.

Despite these difficulties, the move and take over of New Guy's House went, if not quite according to plan, to completion in the allotted three months. Moreover, the disruption of routine work was not as great as it sometimes seemed (in a typical week during the transition, the number of operations performed was over 90 per cent. of the number done in a full week before the move). The most pleasing feature of the move was the speed with which hazards were overcome. Omissions and faults were no sooner notified than a workman would arrive to put them right. Similarly administrative difficulties were overcome with a speed which bodes well for the future of the building.

Junior people sometimes wonder to whom they should take their suggestions: the Take-In ward clerks wonder who should be told of the great need for a passage between the Take-In dining room and kitchen; the House Surgeons wonder how to go about obtaining reasonable sized lockers for their changing room. We are glad that there are channels for the suggestions of anyone however lowly, particularly in these early days when the suggestions can be so constructive for the future. Suggestions in writing regarding the theatre floor should be made to the Secretary of the Theatre Committee, other suggestions can be addressed to the Medical Building Committee, both of which committees have shown in recent months their ability to act promptly.

No one should be discouraged by the many small criticisms and modifications that are being suggested. When something is good and working well, it is worth while making excellent—as New Guy's House will be. Those who are fortunate enough to be working there are grateful to everyone who has been concerned in any way with the take over of the building. From the planners to the packers in the Central Sterile Supply department, all can be proud of what has been achieved so far and so soon.

We congratulate Mr. B. H. Brock upon his appointment as Consultant Orthopaedic Surgeon to the Salisbury and Winchester group of hospitals. He will be leaving his post of orthopaedic registrar next month.

The recent spring pruning of the Plane trees in the Park is a timely reminder of their value. The Park would be a lesser place without the four great trees, and since the day must come when they die and have to be pulled down, we hope that there are plans to plant more. It will be too late when they die; their successors need to be planted now. Whilst there are several small blossom trees in the Park there is no sign of anything capable of growing to take the place of the present plane trees. At the same time it would be a wise investment to plant some potentially tall trees around New Guy's House.

Whoever is responsible next century for arranging the layout of the possibly enlarged Park will have an easier and happier task if there are a few tall trees about. They could be planted now.

IN BRIEF:

Lt.-Col. Arthur S. Davies, M.B.E., T.D., L.D.S.R.C.S.(Eng.), of Llanelly, who qualified at Guy's in 1923, has received the honour of being appointed a Deputy Lieutenant in the County of Carmarthen.

Dr. M. P. Coplans has been appointed Consultant Anaesthetist to St. George's Hospital Teaching Group with principal duties at the Royal Dental Hospital.

Dr. P. M. J. O'Brien has been appointed Consultant Psychiatrist to Scalebon Park Hospital, Burnley-in-Wharfedale.

There are over two thousand overseas medical students in the United Kingdom. Of the London teaching hospitals, Guy's with a total of 91, has the largest number of overseas students.

Professor L. J. Witts, Nuffield professor of clinical medicine in the University of Oxford has had the honorary degree of M.D. Bristol University conferred upon him.

GUY'S DIARY

JUNE			
			Surgical Exhibition. *Head Injuries.*
5th	M	1.00	Dr. Mc Ardle. *The Treatment of Migraine.*
5th	M	1.00	Mr. J. W. Mansie. Dental Lecture.
6th	T	1.00	Professor J. E. Bordley, M.D , Professor of Laryngology of Otology, Johns Hopkins Hospital. *Hearing Problems in Children.*
8th	Th	1.00	Dr. Hardwick. *Haematemesis.*
9th	F	1.00	Professor Rushton. Clinical Lecture. *Some Characteristic Oral Manifestations.*
9th	F	1.00	Dr. D. J. Neill. Dental Theatre. *Opening of Bites.*
10th	S	10.00	Surgical departmental round conducted by Professor W. Irvine of St. Mary's Hospital.
12th	M	1.00	Dr. Moynahan.
13th	T	1.00	Professor R. E. Lane. *Industrial Pulmonary Disease.*
15th	Th	1.00	Mr. Lawrie.
16th	F	1.00	Dr. Mann.
20th	T	1.00	Professor R. E. Lane. *The Return to Work.*
23rd	F	1.00	Professor J. E. Bordley, M.D., Professor of Laryngology and Otology, Johns Hopkins Hospital, will give his second Clinical Lecture in the Anatomical Theatre. *Pathology of Deafness.*

Pupils' Physical Society

LAIDLAW AND BEDDARD PRIZES

Readings for these prizes took place on Thursday, 18th May. N. M. Cohen and G. Stewart were awarded Laidlaw Prizes. Mr. Cohen read a paper on "The Nephrotic Syndrome." Mr. Stewart on "The Heart, Life and the Divine Archaeus."

The Bedard Prize was awarded to T. C. Northfield who presented "A Case of Anaemia in the Newborn."

OBITUARY

PETER ALFRED GORER, D.Sc., M.R.C.P., F.R.S.

The unexpected death of Dr. Peter Gorer at the age of 54 was a shock both to the little world of Guy's and the greater world of Medicine. Although it was noticed that he looked tired, he was working with his usual vigour and serenity within less than three weeks of his death and there was no reason to suspect that he was extremely ill. For him, a quick release was merciful for he did not know that his plans for his future work and for his department could not be fulfilled and he was saved the probability of much pain and mental suffering.

His international reputation, his past achievement, but above all the future prospects of his pioneer work in immunology and tissue transplantation have been recorded in the medical journals by colleagues and fellow scientists, both here and elsewhere, best able to value and appreciate them. With all, the admiration of the work was one with the admiration of the man and each spoke of those warm and loveable qualities which we at Guy's so well know and so much miss. Such was his modesty, that to many who enjoyed the stimulus he gave to *their* work, the announcement of his F.R.S. last year was a salutary and welcome reminder of *his* importance in his own chosen field. How thankful now all must be that this highest honour was not delayed. Our local pride in his wide renown was the greater because we always felt he was essentially one of us, and it is as a Guy's man that we here remember him.

Peter—for the christian name was rarely omitted even when the very junior, the very senior, or the very formal demanded the added surname—came to Guy's from Charterhouse in 1924. His rather untidy elegance, a dignified but wholly unpompous manner, but above all a richness and ripeness striking for his years stood out among his callow, earnest, and less endowed contemporaries of the dissecting room. If we fitted in with our practical and slightly sordid surroundings, he brought to them the atmosphere of the Anatomy Lesson of Rembrandt. I remember how obvious and self-evident it appeared when one of our number, who I suspect had deservedly been made to feel unusually raw and uncultured by some characteristic trenchant but never malicious wit, confided that "You know, Peter Gorer is a person you could not help noticing in any gathering". How true that was, and how much he contributed to any gathering, whether social or medical, frivolous or serious. There was something of the cat in the slow, detached, and measured way in which he would approach a group gossiping or eating, but it was the group who would soon be purring. He was by nature a shy man but company warmed him and he liked people, or rather persons, for he was a shrewd judge of sincerity and worth. His very humour, and that was a rich vein, had an element of benevolent judgment in it, much as he appreciated

and indulged in nonsensical fun. He was fortunate in his background for his family was both gifted and cultured, and his home was full of good things, both ancient and modern, and was one where his friends were always welcomed and would meet people of wide range of interest. He had a genuine feeling for music which he could share with others. With his keen observation, enquiring mind, and joy of life, it was not surprising that he was a naturalist. He was a devoted and expert fisherman all his life, and in fact the first symptom of his fatal illness was experienced when fishing in wintry weather. Of all the sports it seemed fitting that his choice was fencing at which he was well above inter-hospital standard.

In student days, first Evans, then Pembrey, and later Nicholson recognised his ability and were strong influences for the future medical scientist, and a B.Sc. in 1929 emphasised that this was his firm intention. Although he had no thought of practising medicine, his common sense, his genuine interest in people, and his pleasure in the oddities of patients and of those who treated them, made him a stimulating fellow ward-clerk. He thumped the chests, he pushed the trollies, he cooked the take-in sausages, he pedalled the extern's bicycle, and wilted on the rounds with the rest of us, but somehow it was clear that this was a necessary though enjoyable conscription before he got down to the serious work that was to come.

After qualifying with his customary ease, he left us to work with J. B. S. Haldane at University College and from there he was appointed to the Lister Institute where he remained until he returned to Guy's in 1940. It was while there, nearly twenty-five years ago, that he published in the Journal of Pathology and Bacteriology "The Genetic and Antigenic Basis of Tumour Transplantation". This paper was important not only in starting an advance in knowledge in the field which was to be his life work, but in the influence it had on others. Though it was some time before the significance of his work was recognised throughout the world, or the practical implications in the surgical use of homografts was realised, the first sure step was made then.

With the war he returned to Guy's and until 1946 his work as morbid anatomist and haematologist was invaluable and exacting. Sorrow came to him during this period with the loss of his wife after only four years of marriage. After the war years a return to scientific from routine work was possible and he spent a valuable year as senior research fellow at Bar Harbor, Maine, where he had the good fortune to meet his second wife. From then his way was serene, rewarding and progressive. His second marriage was complete in his happiness with his wife Elizabeth and their son and daughter; his work grew in achievement, scope and significance; his stature and importance was increasingly and universally recognised, and this must have given him deep satisfaction though his modesty forbade him to show it. In this last year with his election to the Royal Society and the proposed plans for a University of London chair and his own department in immunology, all seemed to be set fair for the future, and he had so much to give.

In his fullness and maturity Peter Gorer was the same striking and engaging character that one had known as a student. He seemed to have aged not at all. His friendliness, warm interest and sympathy for the difficulties of others made him invaluable to students and his juniors. He could convey his enthusiasm in discovery and enquiring sense to those who had the spirit to learn. In discussion with his contemporaries, for one cannot say his equals, his wisdom and authority were never masked by his apparent diffidence and absence of dogmatism. We are told how valued were his contributions to discussions in his subject and the weight that his opinions carried with his fellow scientists throughout the world. What we were able to enjoy so often was the way he enlivened and refreshed our leisure moments with his shrewd and witty comments on any subject, and a few moments with him in corridor, common room, or in the park, was to be sent on one's way rejoicing. In our little world it was flattering that one who was so much part of the place should be so important outside it. It is not given to many to command equal respect and affection, nor in so great a measure. His early death is a cruel loss to medical science and humanity and at Guy's he leaves a gap which cannot be filled, but only those who had seen him with his family can begin to understand their loss. To his wife, his two children, and to his brothers we can only convey our pride in the man and the sympathy of all the many who knew him.

C.G.B.

AN AUSTRALIAN GUY'S DINNER

A Guy's Dinner was arranged by Mr. 'Doug' Keller at the Carlton Rex Hotel, Sydney, to coincide with the visit of Mr. Hedley Atkins as Sims' Commonwealth Travelling Professor. Apart from Mr. and Mrs. Atkins there were present: Professor and Mrs. Blunt, Dr. Peter Cook, Dr. and Mrs. Derek Dodshon, Dr. and Mrs. Harold Duke, Dr. and Mrs. Greenberg, Mr. and Mrs. 'Doug' Keller, Dr. and Mrs. Levene, and Dr. and Mrs. Michael Stoner. Professor Bill Trethowan and Mrs. Trethowan were prevented from attending by illness.

The table was decorated with blue and gold candles, Mr. Atkins was presented with a Koala bear with a blue and gold neck tie, and Dr. Peter Cook, who acted as major-domo, wore a bow tie in Guy's colours.

London to *Brighton* 1961

The following notes were received from one of the organizers which serve to outline the main points of the Inter-Hospitals' Stroll.

Over fourteen hundred walkers started from the Tower at 7.20 p.m. on Friday, 12th May, the gun being fired by the Governor of the Tower, General Sitwell. 900 reached Gatwick (about half-way) and 648 reached Brighton. Food stations had been organized every four miles. Musical inspiration was gallantly rendered by the Major and two other pipes who led the march over Tower Bridge, but soon after found an inviting road-side Inn an apparently unsurmountable obstacle.

The Guy's diet included 40 lbs. of apples, 50 gallons of soup and £15 worth of food; there were also two mobile Ovaltine units and free Guinness was issued to all at Brighton from a mobile van. Ten coaches were provided at Brighton to bring people back. Apart from a minor altercation at Coulsden, healthy relationships were maintained with the local people of the Brighton road.

Every successful walker will receive a commemorative tie sponsored by Messrs. Guinness & Co. (etc.), and a celebration has been arranged at the Park Royal Brewery, some time in September.

Our correspondent laboured as far as Crawley—he attributing his short measure to the partaking of too much courage before-hand.

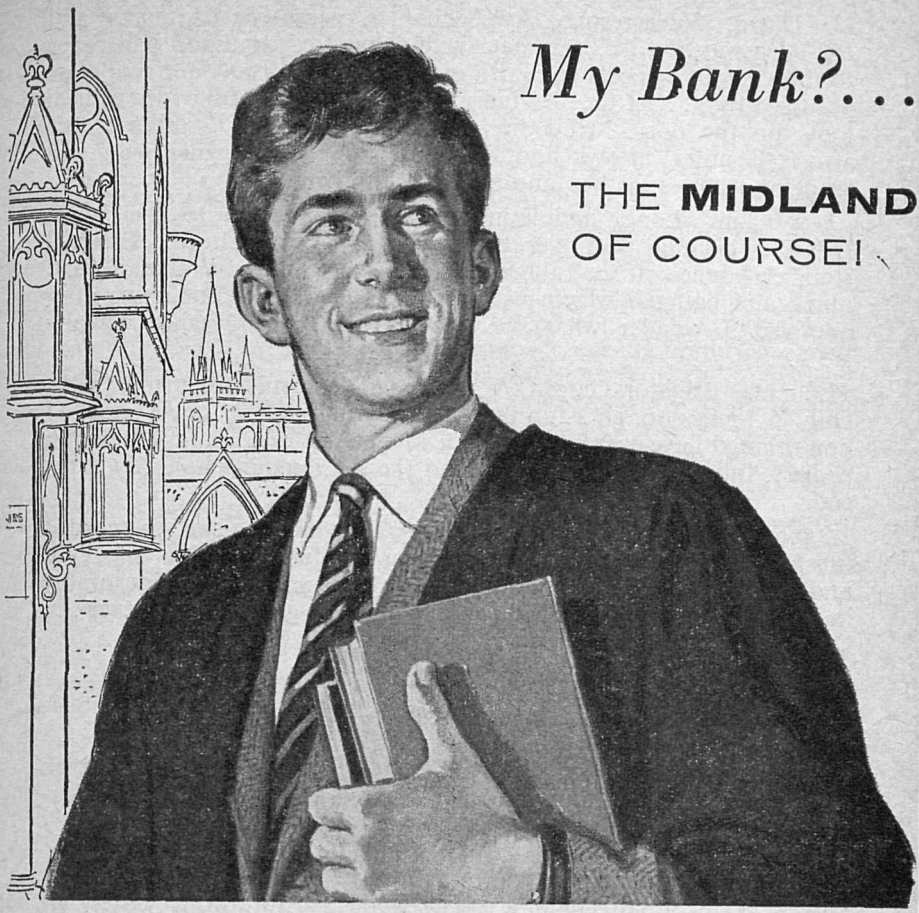
We hope that the excellent facilities will be an example for next year's organizers, and a stimulus to next year's prospective walkers.

From our Walking Correspondent :

7.30 p.m. Of course there is nothing to this walk really; no hurry, pretty effortless, a slightly unusual way of spending a night perhaps, but rather amusing and good annual exercise. Training ? Well, no, I mean that its a bit of an effort and rather unsporting, don't you think—Oh I know I didn't get there last time, but that was blisters and this time I have used so much soap, I am a walking advertisement for Unilevers.

11.0 p.m. I suppose I was right to miss those pubs, but I wish that foaming pint would gint my field of vision—Tired ? No, fine . . . could go on all night . . . oh . . . yes . . .

2.30 a.m. Gatwick. The long straight over, feet ache, legs ache, everything aches. Think I'll just have a rest for a minute and a cigarette and regain a little energy. The worst of the journey must be over by now.



It's no coincidence that many students choose the Midland: young people with forward-looking ideas like to deal with a forward-looking and go-ahead bank. Once *you* open an account with us you'll wonder how you ever managed without it. The cheques you receive are so much more easily dealt with. The bills you pay can be paid by cheque. And you may even find at the end of Term that you have actually saved something! Why not call at your local branch and see us about it? Our staff there will be happy to tell you how the Midland Bank can help you.

Midland Bank–

THE GO-AHEAD BANK FOR GO-AHEAD PEOPLE

2,250 BRANCHES IN ENGLAND AND WALES

Dawn. Turneresque sky behind, a pervasive dampness and one's legs moving like automata with a hundred thousand odd paces to their credit. Sports cars with incredibly comfortable looking seats occupied by . . . get thee behind me, Satan . . . flash past with cynical toots on the horn. How far to the next stage ? 3 miles ? It's always 3 miles, always another hour, hour of slogging pain and dragging steps, and then another, and another . . .

8.0 a.m. Long, undulating roads sweeping up to the South Downs which lie just over the next rise, always ahead. External stomach bounce off the rubbery surface of a bewildered mind, a mind numb and battered which just manages to put one foot down after another. I wonder what the limit of human endurance actually is . . . ?

11.0 a.m. Brighton Gates. A welcoming control and sympathetic. Only 5 miles to go . . . only. The eternal houses crawl past. I don't thing I have ever hated a place so much before, hot, dry, hideous, endless, full of moronic tourists and the sea laughing hollowly at the end.

1.0 p.m. The broad strip of sea, the yellow dancing sun, the corded finishing control, cheers, clapping, a confused babble of light and sound, many have arrived, but many more are plodding inexorably in one's footsteps, I can sit down and needn't get up again, ever . . . Did someone say a Guinness ?

From our Gatwick Correspondent :

Jet planes, joy riders, jaguars and jay walkers. That was Gatwick on the night of 12th May. We had arrived at 4 o'clock in the afternoon to pitch camp on the grass verge of a dual carriage clearway and this was to be the Guy's Station. Conveniently placed near a Bus Stop, a water hydrant (kindly tapped by a man from the East Surrey Water Board) and a small wood (useful for a variety of purposes), the station comprised a large food clinic under the able direction of Patricia Jewell, and a very complete food counter, serving most things that seemed to be wanted. The arrival of an Army Lorry, supposed originally to be part of the radio communications network, surprised nobody when it succeeded in knocking down the Bus Stop, for there in the driving seat controlling the monster sat a young woman from the University of London 'spare time playing soldiers' Brigade.

The arrival of the first walker was preceded by about three hours by the first of the supporting Jackals, howling for food and drink. Their needs for nutrition satisfied, it was then a question of either adjourning to the wood or to the back of the Army Lorry where they could keep warm, comfort the young Bus Stop destroyer and her blonde friend, and watch the progress of the Stroll, all at one and the same time. It was half past eleven when the first walker reached us, but three more hours were to pass before the real flood of people began to show up. From then until four o'clock, one has little memory of fact. Blurred images flash through the mind—"crowds

of people "—" too many cars "—" keep them off the road "—"that sports job's going back on the same side of the road it came on"—"can't keep pace with the soup"—"sick of the sight of feet".

Came the dawn and still came the walkers. St Mary's station, rude as usual and ridiculously undermanned, appeals for help with cars to transport retired strollers on to the Bart's. stop. The Bart's. boys, polite and helpful as usual, sympathise. And then the burning of the Debris. Visibility was down to five yards in places, and we understand that certain flights from the continent had to be diverted to Renfrew.

The Camp was struck, and the last car left at half past eight in the morning. Nothing to show that over one thousand had visited the spot during the night—nothing that is apart from the smouldering embers of the bonfire, and the broken Bus Stop. Ah well ! Perhaps it will have been repaired by next year.

RESULTS

A) THE TOUCAN TROPHY (awarded for the greatest number arriving expressed as a % of the total student population of that medical or dental school).

1st	THE WESTMINSTER	27.82%
2nd	ST. GEORGE'S	18.33%
3rd	CHARING CROSS	16.88%
4th	THE MIDDLESEX	14.74%
5th	ST. THOMAS'S	14.28%
6th	ST. BARTHOLOMEW'S	13.41%
7th	U.C.H.	12.70%
8th	THE LONDON	12.19%
9th	KING'S COLLEGE HOSPITAL	12.15%
10th	ST. MARY'S	11.03%
11th	GUY'S	9.33%
	(*98* **Finishers of** *1,050* **students**)	
12th	THE WEST LONDON	6.66%
13th	THE ROYAL FREE	2.67%
14th	THE ROYAL DENTAL	2.63%

B) THE WANDER CUP (awarded for women only on the same % basis as above).

1st	ST. MARY'S	17.77%
2nd	THE WESTMINSTER	17.39%
3rd	ST. THOMAS'S	13.33%
4th	GUY'S	11.76%
	(*16* **Finishers,** *136* **Students**)	
5th	THE MIDDLESEX	8.14%
6th	ST. GEORGE'S	6.25%
7th	ST. BARTHOLOMEW'S	4.12%
8th	U.C.H.	3.31%
9th	THE LONDON	3.00%
10th	KING'S COLLEGE HOSPITAL	2.50%
11th	THE ROYAL FREE	2.38%
12th	CHARING CROSS	2.00%

The Guy's Finishers:

Place	Place Overall	Name			
1=	2=	Michael Hutchinson	52=	269=	Andreas Nicolaides
1=	2=	Dundas Moore	54	276	*Patricia Field*
1=	2=	David Turner	55=	281=	Robin Hayman
3	10=	John Brummitt	55=	281=	David Stone
4	12	Christopher Hone	57	287	Jack Bayley
5	39	John Malcolm	58	306	Lovell Rees
6	55	Edwin Mann	59	312	Guy Hearn
7	59	Edward Deere	60	328=	Peter Monks
8	61	David O'Gorman	61	332	Thomas Heesom
9	75	John Anderson	62	336=	*Robert Porter*
10	76	William Long	63=	338=	*Jennifer Chown*
11=	83=	Christopher Boothby	63=	338=	Peter Howard
11=	83=	*Marcella Chamberlain*	63=	338=	Julian Mitchell
11=	83=	David Lintott	63=	338=	*Clare Stannard*
14=	91=	Derek Biggs	67	365	Martin Hoyle
14=	91=	Peter Heywood	68=	392=	John Batchelor
14=	91=	Keith Landon	68=	392=	Robert Elliott
14=	91=	Christopher Stephens	68=	392=	Stephen King
18	103	Peter McAndrew	68=	392=	George Ronning
19	117=	*David Browning*	72=	435=	Clive Quick
19=	117=	*Robert Hart*	72=	435=	John Weedy
21	120	David Ingram	74	443=	Raymond King
22=	121=	Peter Mitchell	75	462	Brian Pickering
22=	121=	*Jennifer Myers*	76	469	Gordon Faulkener
22=	121=	*Timothy Roe*	77	470	*Allen Oyediran*
22=	121=	David Siggers	78=	474=	David Griggs
26=	131=	Christopher Clegg	78=	474=	Victor Holden
27	134=	Richard Falk	78=	474=	Stephen Lennane
28	144=	Alan Lakin	78=	474=	Marcus Pembrey
29=	150=	Clifford Howell	78=	474=	*Julia Pinnock*
29=	150=	James Iveson	78=	474=	Peter Wren
31	154=	Robert Hollingsworth	84	493	Stuart Oakenful
32=	160=	*Olive Chettle*	85	506	Nathaniel Young
32=	169=	*Gillian Sims*	86=	508=	Cedric Malpass
34=	162=	*Daphne Chevalier*	86=	508=	David Rhodes
34=	162=	Kenneth Evans	88=	515	*Josephine Cutler*
34=	162...	*Christine Hudson*	88=	515=	*Bridget Lock*
34=	162=	Angus Roberts	90	522	Edward Grant
38=	175=	Graham Hodgson	91	537	Lawrence Hurt
38=	175=	*Jennifer Sutcliffe*	92=	546	David Matthias
40	184	Robin Barrs	92=	546	*Margaret Pyne*
41=	193=	*Joy Lawrence*	92=	546	*Lyall Rickard-Bell*
41=	193=	Anthony Mowbray	95	560=	Roger Davies
43	207	John Hunt	96	570	*Janet Ockleshaw*
44	209=	Marcus Rumpus	97	571	John Topham
45	218	John Burt	98	579	*Patricia Aylett*
46	230=	*Ivy Cooper*	99	580	*Theresa Wilkinson*
47	246	Robert Durance	100	592	Thomas Underwood
48	257=	Robert Warren	101	608	*Fiona Wills*
49	259	David Balean	102	623	John Dobson
50=	263=	Patrick Hewlett	103	624=	Patrick Boyd
50=	263=	Ronald Pearson	104	646=	Derek Johnson
52=	269=	*Rosemary Lawton*			

Annual Art Society Expedition

SIR,—I should like to draw the attention of your readers to the Annual Art Society Expedition. This year we shall be visiting Luton Hoo in Bedfordshire. The house, which was originally built by Robert Adam has an excellent collection of pictures including Rembrandts and Titians, as well as tapestries, medieval ivories, and personal momentos of the Russian Imperial Family.

A Coach will be leaving about lunch time on Wednesday, 14th June, and further details will appear on posters later.

On 7th June we are planning a visit to several exhibitions in Hampstead, including an open air exhibition of sculpture in the garden of Keats House. All are within easy walking distance of each other and of the Heath, Coffee Bars and other Hampstead attractions. The time of departure will be advertised later.

Yours etc.,
FIONA WILLS,
Hon. Sec. Art Society.

Guy's Hospital, S.E.1.

" *Summer is y-cumen in*
Loude singe Cukoo . . . "
(11*th Cent. anon.*)

Members of Guy's Hospital Catering Co. Ltd.—Southend, 1961

Medicos Look At . . .

When we talk about western civilization or way of life there is a tendency to overlook some of its glaring defects and it is salutary to be reminded either in the theatre or in the cinema that there is much that is shoddy, cheap, superficial, and artificial in Britain, America and many western European countries, *Fairy Tales of New York.* a play by J. P. Donleavy and two films *The Savage Eye* (American) and *La Dolce Vita* (Italian) set out each in its own way to remind Western Europeans and Americans that our own way of life leaves much to be desired. The Italian film, still running at the Curzon Cinema, received the greatest publicity because of riots in Rome and Milan when the film was presented there. The main objection was aimed at the religious scenes but the aristocracy and conservatives also took great exception to what was shown as typical behaviour and attitudes of these strata of Italian society.

Fellini, the director, chooses six examples of degenerate living and links them up by involving in all of them a gossip-writer of a scandal sheet. These incidents include the dissolute, rich woman who insists on going to bed with a man in the slum flat of a prostitute, the publicity given to a leading actress, a bogus miracle and how it is used for religious purposes, a dissolute party in the castle of some rich aristocrats, the cheap and vulgar way in which a lower middle-class man amuses himself in Rome, the suicide of an apparently happy intellectual following the killing of his two children and a wild orgy of a party of rich degenerates. Fellini appears to spare no one. The lower middle-class provincial business man is the gossip writer's father and the intellectual is his close friend. Even his suicide is Somehow one gets the impression that the "hero" is outside what is being shown on the screen and that the suicide of his friend will shock him into leading a different sort of life. Instead he is shown as the worst of the participants in the wild party at the end of the film. There are two scenes, one in the middle and one at the end in which this man meets a young child, on both occasions by the sea. Fellini may be trying to say that urban life is corrupt and only children are innocent. Whether or not he thinks this, there is no let-up in his criticisms. Another aspect of the film which needs emphasising is the interplay between the press and the incidents described. These appear to be a vicious circle of publicity and decadent behaviour which must be broken and it is here that I would like to draw a parallel between the film and Britain. The popular press has the responsibility of seeing that the way in which film stars live and "debs" and their escorts run their parties, to name only two examples, does not constitute *La Dolce Vita* in this country, or anywhere else.

The American film *The Savage Eye* makes an interesting comparison with the Italian, because of its largely non-fictional treatment.

The Savage Eye has a fictitious character linking up a series of scenes which are actual shots of what is happening in America. This main character is a young woman who is having a mental breakdown because of marital difficulties and she is seen trying to cope with her difficulties by trying to do the sort of things which typical Americans do. As a result we are shown many aspects of American life. Some are funny (women choosing hats and at the hairdressers) some are horrific (motor accidents) and some are sad (lonely old people). There are also shown gambling at Las Vegas, an animal cemetery, all-in wrestling, roller-skating, striptease and a club where transvestites congregate. One of the most striking scenes is a revivalist, religious ceremony in which hysteria plays a large part. The final scene is about the heroine's childhood by the sea where innocence and happiness are combined.

One of the main differences between *La Dolce Vita* and *The Savage Eye* is the fictitious treatment in the former of what the director wants to criticize in Italian life. In some ways the documentary sequencies of *The Savage Eye* are more successful because they are real. Fellini with the eye of an artist sometimes lingers too long in his portrayal of decadence especially in his parties, whether in a night-club, a castle or a house. On the other hand *The Savage Eye* shows America through the eyes of a neurotic woman and has a background of superficial psychology which detracts from what is achieved by the actuality of the scenes. Both films do something which constantly need doing—we must be aware of the shoddiness of many aspects of living in America and Western Europe even if at the same time we admire the honesty of the people who produce these films.

Fairy Tales of New York, which was shown in Croydon before coming to the Comedy Theatre, satirises funeral parlours, the advertising side of big business, the "sporting" activities of a business man and the snobbishness of expensive restaurants. The depressing side of all this satire is the conviction with which funeral parlour owners, big business men, and head waiters pursue their activities. I suppose if they did not believe in what they were doing they would find life impossible, although the odd thing is that people who behave in this way are perfectly able to see these sins in others and laugh heartily when what are really their own follies are portrayed on the stage.

The theatre and cinema are at their best when they "hold the mirror up to nature". The society in which we live has many, many imperfections and however disturbing it may be to the spectator we must be constantly reminded of what is wrong with our way of life so that something may be done to change things.

CORRESPONDENCE

Letters to the Editor of the Gazette

National Health Dentistry

SIR,—In case any intending dental practitioner takes Mr. Lux seriously I hasten to say that after thirteen years of National Health dentistry I prefer to refuse all private patients. The service is, in every way, a great advance and I can see no likelihood of a swing back to private practice.

A newcomer, it is true, meets a complexity of regulations and is faced with a formidable treatment sheet but these matters rapidly dissolve into a not very exacting routine.

Difficult patients occur in all types of practise. In a wholly National Health surgery the most detested example of all has no place—I mean the one who assumes one's integrity can be bought, and who replies when asked to join the queue "Oh but I can pay ! " But, as all practitioners learn, difficult patients can be trained. When one has shed the secret belief that we are high priests from a superior caste, and when one has accorded the patient as much right to dignity as it is felt the operator deserves, it is unusual to find this attitude unreciprocated.

The Dental Estimates Board, in my experience, is a most tolerant body and, provided one does not threaten its dignity by adopting a bumptious attitude, is very willing to make full allowances for exceptional circumstances and for the occasional mistakes which practitioners make.

Under the National Health Service I undertake all necessary crowns, bridges, skeleton dentures, orthodontic work, etc., and most of the minor surgical cases. There is no bar to any kind of dentistry and the opportunities for clinical practice are unlimited.

My working week of 37 hours affords me long holidays, a substantial income and a very comfortable home. At 55 I shall reduce my five day week to three days.

Dental students be advised, consider well before contemplating exchanging such freedom for one in which you will dance attendance on Mr. "I can pay ! " and Mrs. "He'll see *me* right away ! "

Yours etc.,

D. D. STALFORD.

Carlton, Bonehurst Road,
Horley, Surrey.

Mr. Lux writes :

It may interest your readers to learn of the following case which was reported by one correspondent.

This of course comes under the classification of "Private patient trying the scheme." This patient asked this dentist to make her a National Health set, this to be an exact replica of her existing £70 one ! Any further comment needed ? —ED.

Mr. Arthur Bradley

SIR,—I would like to bring it to the notice of old Residents that Arthur Bradley, the College Porter, is leaving Guy's after many years service. Any contributions towards a leaving present should be sent to the President of the Residents.

Yours etc.,

J. R. R. SPURRELL,
President of the Residents.

The College, Guy's Hospital, S.E.1.

Hospital Cross Infection

SIR,—I hope I may be able to offer some reassurance to my friend Dr. Anderson about the lamentable state of affairs concerning staphylococcal cross-infection here at Guy's.

Since April, 1959, there has been a Control of Infection Sub-Committee of the Medical Committee here and one of the members of this is the Control of Infection Officer who is also secretary of the Sub-Committee. Until May, 1961, the Sub-Committee has met regularly every month to receive reports from the Control of Infection Officer on current infections in the Hospital, whether due to staphylococci or other organisms, and on the working of the Hospital sterilisers. The Sub-Committee also drafted the document referred to in the footnote to Dr. Anderson's letter.

As Control of Infection Officer I make a tour of every ward in the Hospital at least once a week, keeping a register of all infected patients, and submit a return to the Superintendent and other interested parties of the number of in-patients and out-patients with staphylococcal and other infections who have been under treatment during the preceding seven days. In addition, if I suspect that an epidemic is developing I recommend to the Superintendent appropriate administrative action. It may be of interest that in the two years and two months since the office was created I have been constrained to advise the temporary closure, redecoration and disinfection of three wards on account of epidemic staphylococcal infection and two other wards and the Hospital Bakery because of gastrointestinal infection. While this record admittedly does not suggest a large measure of success in preventing the arisement of epidemics the cognate bacteriological investigations in these five outbreaks alone entailed the examination of more than 15,000 specimens in the Department of Clinical Pathology, which were additional to the routine nasal, throat and skin swabs made on obstetric patients and on members of the staff about to work in the operating theatres or the maternity ward. Members of the staff of the Department of Clinical Pathology, acting either alone or in valued collaboration with their colleagues in the Department of Bacteriology have been and are making studies of the bacterial flora of hospital air and dust; the direction and infectivity of air currents in the Hospital laundry and New Guy's House; the efficiency of various types of face mask; the role of various kinds of towel in the dissemination and prevention of infection; the efficiency of various marques of suction sweepers and suction dusters; and the routine bacteriological control sterilisation in the operating theatres, Central Sterile Supply and the Department of Clinical Pathology itself. At the same time at the request of the local Medical Officers of Health, who are members of the Control of Infection Sub-Committee, routine throat swabs from all children admitted to Guy's and the Evelina Hospital are examined for the presence of diphtheria bacilli.

One is, I know, deplorably prone to exaggerate the importance of one's own activities, which can only be judged by their results. The story I have tried to tell leaves out any mention of the efforts of surgeons, the constant researches into improved sterilising techniques by the Department of Bacteriology and the excellent work being done in the Central Sterile Supply Department, and I can only apologise to my colleagues in these and other fields who have done and are doing so much towards our common goal. What I do want to point out is that the mountain at least labours mightily; if the products of conception are only murine that is my fault and nothing to do with failure on the part of the nursing staff to appreciate the importance of the work.

Indeed I cannot tell what the opinions of senior members of the nursing staff are about the hazards of staphylococcal cross-infection, since they have never been expressed to me directly or by implication. I do know, however, that in more than two years during which I have been Control of Infection Officer I have often, of necessity, been an unmitigated nuisance not only on the wards but also in the Nurses' Home; but I have always received the most enthusiastic collaboration and help from all grades among the nurses from the most senior to the most junior, in any measure, however tiresome, that I have felt it necessary to suggest to combat infection. It is a pleasure to acknowledge this publicly and to add that I have always found among the nurses a most lively interest in and preoccupation with matters concerning the prevention and control of infection throughout the Hospital.

Yours etc.,

Department of Clinical Pathology,
Guy's Hospital, S.E.1

WALTER H. H. MERIVALE.

REVIEWS

Calcium Metabolism and the Bone. By PAUL FOURMAN. Blackwell Scientific Publications, Oxford. Pp. 325. *Price* £1 17*s.* 6*d.*

The author gives an excellent account of the present state of knowledge of disorders of calcium metabolism. The book is written mainly from the clinical point of view but much of the research which has been carried out on this group of conditions is also critically reviewed.

The text is divided into three main sections. The first of these deals with the structure and composition of bone, the physiology and chemical pathology of calcium and phosphorus metabolism and with the role of the parathyroid glands. The second describes the primary metabolic disorders of bone, rickets, osteomalacia and osteoporosis, and also disturbances of parathyroid function. The last main section gives a clear and concise account of the effect of renal disease on bone and on calcium and phosphorus metabolism. In each section, too, the author discusses the chemical changes accompanying bone diseases and the laboratory procedures likely to be of value in their investigation.

A very large and up-to-date list of references is given which covers all aspects of bone and calcium metabolism and which will be helpful to workers interested in the various aspects of the subject.

One small point requiring correction was detected. On page 229, in the description of the test for cystine in tissue, "5% NaCl" should be "5% NaCN".

This book is clearly written and easy to read; it should prove of considerable value to clinicians and research workers and also to students.

G.R.W.

Doctor Agnes Bennett. By CECIL and CELIA MANSON. Published by Michael Joseph. *Price* 18*s.*

This is the biography of a remarkable woman. The daughter of a great engineer William Bennett, she is now eighty-eight years old and studying nuclear physics, which is only the present achievement of an impressive list, which should raise any eyebrow: the first Sydney woman to gain a science degree with honours; then qualifying at Edinburgh; for thirty years medical superintendent of St. Helen's Hospital in Wellington, as an able reformer in midwifery; the first woman doctor in the British army in the first world war; spending her first year of 'retirement' at sixty-six in the 'flying doctor service' ; helping in the raids in London in the second world war and at seventy-five doing an emergency locum in the Chatham islands.

Besides all this, as Dr. Bennett says herself in her epilogue, she has 'lived through a notable era of advancement for women'. This book shows that she has played no small part in this and to any who may have been tempted to think that there is little place in medicine for women, this biography must be notable proof that such a generalisation is crooked thinking. Few of us realise the difficulties which beset the woman doctor at the beginning of the century. This book sheds much light on these trials, which fortunately were unable to stifle this noble woman, who has served so wonderfully the needs of men, as well as of women and children.

To write such a biography is a difficult task. The authors are to be congratulated upon this work. Their verbal photography, supported by the usual snaps from the family album, quickly captures the scenes of Dr. Bennett's life. While the book is in eight parts with numerous sections to each part, it is nevertheless easily read, giving an interesting and at times fascinating record of the multitude of circumstances in which this adventurous spirit has worked.

Dr. Bennett was greatly inspired by the message in the leaden casket in Shakespeare's 'Merchant of Venice' ; 'Who chooseth me must give and hazard all he hath'. As the New Zealand historian Dr. J. C. Beaglehole says in his forword about 'the catholicity of her devotions' : 'It is an amplitude of spirit that has been bestowed upon but few among us'. 'Dare quam accipere' is indeed shown to be her motto. Therefore, while this book is expensive, it can be recommended not only as an interesting biography, but as an inspiration and challenge to all who would serve the best interests not only of medicine, but of mankind.

S.S.B.

SPORT

CRICKET

Guy's 1st XI v. Beckenham

Away 30th April, 1961

Result—Guy's won by 4 wickets

Guy's

MacGregor, b. Locke	37
Cheeseman, ct. Press, b. Lilly	13
Huins, ct. Thomas, b. Locke	8
Cook, ct. Service, b. Lilly	8
Myall, l.b.w. Lilly	13
Sievers, b. Locke	34
Norman, *not out*	1
Cook, J., not out	16
Walter, Knott, Trevelyan, did not bat.	
Total for 6 wickets	137

Beckenham total for 10 wickets 136

N. Knott 6 for 58, R. Trevelyan 4 for 41.

Guy's 1st XI v. Dulwich

Home 7th May, 1961

Result—Guy's won by 70 runs

Guy's

Huins, b. Burton	8
Cheeseman, b. Burton	2
Cook, G. ct. Overy, b. Burton	26
Myall, b. Fisher	27
Jones, b. Burfitt	33
Sievers, l.b.w. Burfitt	3
Cook, J. ct. Fuller, b. Eckersfield	13
Trayfoot, b. Burfitt	4
McAndrew, not out	14
Biggs, b. Eckersfield	7
Knott, *not out*	16
Total for 9 wickets declared	167

Dulwich total for 10 wickets 97

Knott 7 for 36, Cook, G. 2 for 8, Biggs 1 for 18.

HOCKEY

Annual General Meeting

The Annual General Meeting of the Hockey Club was held on Monday, 15th May. It was, as usual, well attended and a wide variety of topics was discussed.

The Captain, Mike Steyn, reported upon an average season. The first XI had reached the final of the Inter-Hospitals' Cup but had unfortunately been beaten 10-0 by an exceptionally strong St. Thomas's side. Their record for club games this season was :—

P.	*W.*	*D.*	*L.*	*F.*	*A.*
19	8	5	6	50	48

The second and third elevens had had poor seasons, judged by results, and the overall numerical strength of the Club had decreased. The Captain wisely pointed out that this was probably just "the swing of the pendulum" and expressed his confidence in the future.

Mr. Blackburn, the retiring President, also expressed his confidence in the future as he handed over his post to Professor Butterfield, unanimously elected at this meeting. The latter, as a member of the "Spirochaetes" (Sunday and Festival Side) was able to take a very active part in the subsequent discussion upon their relations with the Hockey Club. Unfortunately, however, this question was left unended.

The meeting was followed by a most enjoyable dinner at which both the retiring and the oncoming Presidents proved themselves to be most entertaining speakers.

The following were amongst those elected officers for the season 1961-62 :—

Captain :	Martin Conybeare
Team Sec. :	Dick Strickland
Match Sec.:	Graham Hodgson

TENNIS

The season always makes an early start in April often before new players to the Hospital have been found and before winter activities have completely died out. However, the side playing Shooters Hill in the first match acquitted themselves well and since have had a more successful run, winning the last six matches.

The first round of the Cup against Middlesex was played on the Guy's ground in wet and rather difficult conditions. Due to lunch-time rain the 1st round was played on hard courts with Middlesex coming out on top by 2 matches to 1. By this time the sun had shone sufficiently to dry the grass to which we transferred. It was in the 2nd round that tables were turned for Dickinson and Boyd playing 3rd pair beat the Middlesex 2nd pair in a match packed with tension. This made the matches level after two rounds and two comfortable wins were recorded in the final round, giving Guy's an overall 5-4 victory.

Results :

M. Blake and D. Richmond, Won 2, Lost 1.

A. Stoker and J. Carruth, Won 1 and Lost 2.

P. Dickinson and J. Boyd, Won 2, Lost 1.

There are still a number of fixtures to be played and should there be anyone in the Hospital requiring considerations for the teams please contact the Secretary, A. Stoker, by a note in the Students rack.

Results to date :

1st VI	Guy's	lost to Shooters Hill.
		beat St. Mary's Hospital.
		lost to Westminster Bank.
		beat Trinity College, Oxford.
		beat Imperial College.
		beat Queen's and St. John's Colleges, Cambridge.
		beat King's College Hospital.
1st round, Cup Match		
		beat Middlesex Hospital.
2nd VI	Guy's	beat Imperial College.
		beat London School of Economics.
		beat University College Hospital.

ATHLETICS

At Ashton Playing Fields, South Woodford
Saturday, 6th May, 1961

Result :	Battersea College	101 points
	West Ham	81 points
	Guy's Hospital	71 points

Bad weather and the Cup Final resulted in a weakened Guy's team taking part in this match. Although the Hospital did well on the track (D. Long winning the 100 and 220 yards and J. Hurst winning the 440 yards), they failed to gain many points in the field events and this resulted in the loss of the match.

CHESS

The club was revived in 1959 and fought its way to the final of the Hospitals' Cup in 1960, drawing with the holders St. Bartholomew's who thus retained the trophy. Playing this year with substantially the same team, Guy's crushed St. Bartholomew's 5½-½ in the semi-final, and won the final, played on 11th May, against St. George's. The match was played away. Guy's won the toss and had White on the odd-numbered boards.

Hospitals' Cup Final

	Guy's		St. George's	
Board I	B. Guyer	1	H. Martin	0
II	M. Tarlow	½	C. Villiers	½
III	A. Robson	1	J. Revill	0
IV	B. Robinson	½	J. Elias	½
V	C. Briscoe	1	J. Icklow	0
VI	H. Munitz	0	Y. Diba	1
		4		2

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for an appointment as **whole-time Registrar in Anaesthetics** to fill a vacancy in the approved trainee establishment at the Bermondsey and Southwark group of hospitals for duties at New Cross General Hospital, Avonley Road, S.E.14, with the Guy's Hospital units from 1st October, 1961.

The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) and will be for one year in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **19th June, 1961.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st August, 1961. The unit which is housed in Maudsley Hospital serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **17th June, 1961,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

HOUSE APPOINTMENTS

1ST JUNE, 1961

Assistant House Surgeons

To :

Mr. Blackburn — Miss M. B. MacKeith
Appointed for six months, the first 3 *as A.H.S.*

Mr. Lawrie — Mr. A. J. Bron
3 *months*

Mr. Glover — Miss A. B. Kenshole
Mr. Brain — Mr. J. F. Hallpike
Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. M. H. Devereux
Appointed for six months, the first 3 *as A.H.P.*

Dr. Boland and Dr. Houston } Mr. G. S. Spathis
3 *months*

Dr. Mann and Dr. Kauntze } Mr. J. G. B. Thurston
Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. W. Bunting
Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. B. Blackwell, Mr. I. G. McGill, Mr. C. S. Ogg, Miss M. N. R. Pitt, Mr. P. J. Winter } 3 *months*

House Surgeons

To :

Mr. Massie — Mr. S. R. Meadow
3 *months*

Mr. Eckhoff — Mr. W. G. Hartfall
6 *months*

Mr. Atkins — Mr. R. J. Cockerill
3 *months*

Mr. Wass — Miss J. M. Hawker
6 *months*

House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. I. D. B. Rennie
3 *months*

Dr. Boland and Dr. Houston } Mr. R. J. Heald
3 *months*

Dr. Mann and Dr. Kauntze } Mr. T. J. H. Clark
6 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. A. P. Hopkins
6 *months*

Resident Obstetricians

1.1.61—30. 6.61	Mr. C. J. Rowland
1.3.61—31. 8.61	Mr. P. W. R. Harris
1.5.61—31.10.61	Mr. D. R. Harvey
1.7.61—31.12.61	Mr. A. S. Horner

Throat and Ear House Surgeons
Mr. E. R. Walrond
3 *months at Guy's followed by* 3 *months at New Cross*
Mr. R. A. Peebles
3 *months at New Cross*

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital
Miss M. M. Maher 6 *months*
Mr. W. M. Patterson 6 *months*

Dermatological House Physician
1.5.61—31.10.61 Mr. M. I. S. Keir

Neurological House Physician
Mr. J. R. R. Spurrell 3 *months*

Genito-Urinary House Surgeon
Mrs. J. Johnson 6 *months*

House Surgeon to the Thoracic Unit
Mr. J. D. Wonham 6 *months*

Children's House Physicians
Mr. S. O. B. Roberts 3 *months*
Mr. T. Sherwood 6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists
Mr. W. J. Appleyard 3 *months*
Mr. E. J. W. Gumpert 6 *months*

R.M.Os. in Nuffield House
1.1.61—30. 6.61 Miss J. Ridley
1.6.61—30.11.61 Mr. J. D. Lloyd-Still
1.7.61—31.12.61 Mr. C. C. Korvin

House Physicians in the York Clinic
1.4.61—30.9.61 Miss N. Rose
1.4.61—30.9.61 Mr. R. Paul

Resident Anaesthetists
1.3.61—31. 8.61 Mr. J. J. Maher (S.H.O.)
1.3.61—31. 8.61 Mr. J. R. F. Boger
1.6.61—30.11.61 Mr. N. Gripper (S.H.O. New Cross)
1.6.61—30.11.61 Mr. K. E. E. Hubble

BECKENHAM HOSPITAL

House Physician
Mr. M. C. Rallings

House Surgeon
Miss H. Lachlan

JOYCE GREEN HOSPITAL

House Physicians
Two vacancies readvertised

LEWISHAM HOSPITAL

House Physician
Mr. C. V. Everard
(15.6.61, locum from 30.5.61)

House Physician
Mr. R. G. Hett
(19.6.61, locum from 1.6.61)

House Surgeon (General Duties)
Mr. S. S. Brook
(15.6.61, locum from 27.5.61)

House Surgeon (Orthopaedics)
Mr. W. S. C. Cox

NEW CROSS HOSPITAL

House Surgeon (General Duties)
Mr. E. Young

ORPINGTON HOSPITAL

House Surgeon
(General Duties with Gynaecology
Miss K. Allsopp

House Surgeon
(General Duties with Physical Medicine)
Miss T. Holman

House Physician
Mr. G. P. Williams

PEMBURY HOSPITAL

House Surgeon
Mr. N. P. A. L. Harper

House Surgeon (with Orthopaedics)
Mr. D. G. Daniel

House Physician
Mr. M. E. Cavendish

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Mr. A. F. Gazdar

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. D. L. Stevens
Mr. R. J. Worden

PASS LIST

UNIVERSITY OF LONDON

D.Sc. (Anatomy)

J. Joseph

Third (M.B., B.S.) Examination for Medical Degrees

April, 1961

Honours

T. J. H. Clark (*Distinguished in Medicine*).
M. H. Devereux (*Distinguished in Pathology*).
C. S. Ogg (*Distinguished in Medicine*).
G. P. Williams (*Distinguished in Surgery*).

Pass

Betty J. Allen
Kathleen M. Allsopp
Alexandra L. H. Barber
E. Barker
M. S. Bell
A. C. Bird
C. G. Bird
Mavis A. Bonnard
P. J. Brewer
A. J. Bron
W. Bunting
M. E. Cavendish
W. S. C. Cox
D. G. Daniel
P. J. Doust
C. V. Everard
I. T. Field
A. F. Gazdar
J. F. Hallpike
J. A. Hanne
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Heather S. Kerr
Penelope J. Key
Heather Lachlan
W. A. Landers
Mary B. MacKeith
Micheline M. Maher
J. K. C. Maile
P. M. O'Driscoll
J. A. Ogyaadu
R. A. Peebles
M. C. Pietroni
Margaret N. R. Pitt
W. E. M. Pryse-Phillips
M. C. Rallings
J. B. Sales
R. W. Salmon
T. N. Stanbridge
D. L. Stevens
R. Stilwell
N. Stoddart
J. G. B. Thurston
J. P. Vaughan
E. R. Walrond
R. J. Worden
E. Young

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Penelope J. E. Cave
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P. Curtis
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D. L. Hall
S. Haynes
C. J. Hughes
M. M. Ilahi
N. E. Jensen
J. J. Kimerling
N. J. Knight
Loretta S. W. Ko
Doreen M. Miller
Rosemary R. Norton
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D. E. Rees
A. P. Staz
M. D. Steyn
R. Tanner
R. Tanner
R. C. Wales
W. A. Wallbank
Jillian M. Wandless
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G. E. Comm
R. L. Mitchell
W. A. Wallbank

Part III

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R. L. Mitchell
M. A. S. Stoby
Barbara Walsh
P. J. Winter

Part II

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J. P. Barker
S. S. Brook
R. L. Mitchell
J. E. Oliver
M. A. S. Stoby
W. A. Wallbank
Barbara Walsh
P. J. Winter

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

May, 1961

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

T. A. J. Ogunbiyi

NURSING NEWS

Entered :
Staff Midwife Murphy to *Victoria.*

Left :
Sister P. Sneary from *Astley Cooper.*

Three Guy's trainees have been awarded scholarships provided by the Hospital Saving Association. They are :

Miss Anne M. Calderwood, to take the Sister Tutor course at the Royal College of Nursing.

Miss Ida Constance Roberts, to take the Public Health and Nursing Administration course at the Royal College of Nursing.

Miss Miriam Wendy Watson, to take the Sister Tutor course at the Royal College of Nursing.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Adams, C. W. M. A Histochemical Method for Tryptophan Applicable to Formalin—Fixed Tissues. *J. Path. Bact.*, 1960, **80**, 442.

Adams, C. W. M. and another. Histochemistry of Myelin. I.—Proteins and Lipid-protein Complexes in the Normal Sheath. *J. Neurochem.*, 1961, **6**, 327.

Adams, C. W. M. and another. Histochemistry of Myelin. II.—Proteins, Lipid-protein Dissociation and Proteinase Activity in Wallerian Degeneration. *J. Neurochem.*, 1961, **6**, 334.

Adams, C. W. M. and others. Changes in the Adrenal and Pituitary Gland in Experimental Malnutrition. *J. Endocrinol.*, 1960, **21**, 137.

Brook, C. P. B. and Stafford-Clark, D. Psychiatric Treatment in General Wards. *Lancet*, 1961, **i**, 1159.

Cavanagh, J. B. and another. Cholinesterase in the Chicken Nervous System. *Nature*, 1961, **190**, 735.

Darke, Christopher S., Lorber, J. and another. Triatrial Heart. *Brit. Heart J.*, 1961, **23**, 329.

Hill, Marjorie J. and McColl, Ian. Ultrasonic Detection of Choledocholithiasis. *Nature*, 1961, **190**, 627.

Sturdy, D. E. Trigonostomy. *Proc. R. Soc. Med*, 1961, **54**, 385.

Zorab, P. A. The Historical and Prehistorical Background of Ankylosing Spondylitis. *Proc. R. Soc. Med.*, 1961, **54**, 415.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases *5s.*

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

DENTAL SURGERY ASSISTANT/RECEPTIONIST REQUIRED, Tunbridge Wells. Commence 31st July. Salary according to age and experience. Box No. 273.

ASSISTANT DENTAL SURGEON required for busy single-handed practice (with a country branch), approx. 40 miles north of London. Possibility of partnership later for the right man. Remuneration by arrangement. Box No. 272.

SOUTH LONDON, WALLINGTON. Conscientious Dental Surgeon required. Own surgery, practice and nurse. Airotor Unit and X-ray. Salary 45 per cent. of Gross. Full appointment book. Rent free flat available for first six months. Box No. 267.

GUY'S MAN requires Assistant in dental practice at Eastbourne. Good background, preferably public school Partnership later if mutually required. Modern, fully-equipped surgeries. Box No. 271.

NORWICH. Congenial colleague required for good-class N.H.S. Dental Practice. Excellent remuneration offered together with choice of furnished S/C flat or detached bungalow. Castle, Wealthall and Grieve, 42, Prince of Wales Road.

FOR SALE

ESSEX. Dental group practice for sale in new town. Four surgeries and ancillary accommodation. Long lease, moderate rent. Enormous potential. Premium by arrangement. Box No. 270.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

P. W. James, M.B., B.S., London Mission, Mbereshi, P.O. Kawambwa, Northern Rhodesia.

Flt.-Lt. J. P. Lee-Potter, A.P.L. Hospital, Aden, B.F.P.O. 69.

A. P. Lees, M.R.C.S., 11, Mayfield Close, Timperley, Cheshire.

D. M. MacDonald, F.R.C.S., 2, Harcourt House, 19a, Cavendish Square, London, W.1.

BIRTHS

MUIR.—On 22nd May, 1961, at Redhill County Hospital, to Audrey (née Smith), and R. Innes Muir, M.B., B.S., a son, Robert Innes.

PIETRONI—On 22nd April, 1961, at Guy's Hospital to Valerie (née Scott), and Michael Pietroni, M.B., B.S., a daughter (Jeannette Olive).

EDS. { S.R.M., R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

WHEN Doctor Gorer died last month, there was an astonishing display in some quarters of the Hospital, of ignorance about his scientific achievements. Here was a renowned scientist of world authority whose work was unknown to many in the place where it had been achieved.

This was a facet of the tendency at Guy's to revere the practicing consultant to the exclusion of all else. Students can reel off a list of names of former Guy's consultants as "great men trained at Guy's" without mention of Starling or Gowland Hopkins. Some do not even know of the accomplishments of the latter.

It is a natural consequence of the teaching hospital heirarchy, with the ward rounds giving such grand opportunity for showmanship and personality projection on the part of the teachers. Since it makes for memorable teaching it matters little provided that the student remembers that much of future medical progress will be coming from the basic medical sciences and from the work of those with whom he has little or no contact. All the same it is a pity if the scientist burrows in and out of the medical school each day largely unrecognised by his colleagues at Guy's.

In this issue we publish the first of a series on "*Research at Guy's*". The series, though not confined to the school departments, will put in perspective the great amount of research work in progress here. Some of the articles are written by the head or a senior member of the department concerned ; others are the result of collaboration. We stress that all Hospital, Medical, Dental, and School departments are invited to contribute; we hope they will, for it is about time that some of us knew a little more of the work going on at Guy's outside our own immediate sphere.

We congratulate Mr. B. E. D. Cooke, reader in dental medicine, upon his appointment as Professor of Oral Medicine and Dean of Dental Studies to the Welsh National School of Medicine which is to be built at Cardiff. He will be taking up duties there in a year's time.

The plans for the visit of Her Majesty the Queen on 5th July illustrate again the curious municipal boundary situation within Guy's. The area to the east of Maze Pond including New Guy's House and the car park area set aside for future development is in Bermondsey, which means that the bulk of the Hospital will eventually transfer from Southwark. When the Queen arrives at New Guy's House she will be met by the Mayor and Mayoress of Bermondsey, the Town Clerk and Member of Parliament for Bermondsey before being welcomed by Lord Cunliffe. After a tour of the building which will include the casualty department, a theatre suite, part of the second floor, *Lydia* and *Job* wards, and the unveiling of a commemorative plaque, she will walk across to the Nurses' Home at about 4.00 p.m. As she passes the Memorial Gates she will be intercepted by the Mayor and officers of Southwark in whose territory most of Guy's lies at present.

The visit is being kept deliberately informal to avoid endless presentations. Nevertheless, these will take up some of the time: in the entrance hall of New Guy's House the Building Committee will be presented, and later before tea in the Nurses' Home she will meet their wives and the wives of the others who have escorted her during the afternoon.

Whether it be from the Park in Southwark, New Guy's House in Bermondsey or from the College in No Mans Land we look forward to seeing her.

IN BRIEF:

Doctor G. B. Dowling, consulting physician to the skin department of St. Thomas's Hospital, and Mr. W. Sampson Handley, consulting surgeon to the Middlesex Hospital, have been elected to Honorary Fellowships of the Royal Society of Medicine.

Miss Rosemary Norton has won the Begley Prize of the Royal College of Surgeons. The prize is awarded to the candidate with the best performance in Surgery in the conjoint final examination.

The Sir Lionel Whitby Medal of the University of Cambridge, for 1959-60, has been awarded to Dr. C. W. M. Adams for his M.D. thesis on "The Histochemistry of the Myelin Sheath—with particular reference to the cytochemical mechanism of the demyelinating process." Dr. Adams is at present on a visit to the National Institute of Health, Bethesda.

Professor Payling Wright has been elected an honorary member of the Berlin Medical Society in recognition of his work in experimental neuropathology.

B. H. Bass, M.D., M.R.C.P., has been appointed Consultant Physician to the Lichfield, Sutton Coldfield and Tamworth hospital group.

GUY'S DIARY

JUNE			Surgical Exhibition. *Head Injuries.*
20th	T	1.00	Professor R. E. Lane. *The Return to Work.*
		1.00	Mr. A. J. Bridge. *Local Anaesthesia.*
23rd	F	1.00	Professor J. E. Bordley, M.D., Professor of Laryngology and Otology, Johns Hopkins Hospital, will give his second Clinical Lecture in the Anatomical Theatre. *Pathology of Deafness.*
24th	S	10 a.m.	Clinico-Pathological Meeting in the Clinical Theatre.
26th	M	1.00	Mr. R. D. Emslie. *Foetor-Oris.*
27th	T	1.00	Dr. Baker. *Nerves and the Heart.*
29th	Th	1.00	Dr. Moynahan. *The Management of Eczema in the Infant.*
30th	F	1.00	Dr. Kauntze. *Paroxysmal Tachycardia.*
		1.00	Professor M. A. Rushton. *Some Recent Cases.*

NOTICES

Guy's Science Club

Annual General Meeting

The Annual General Meeting of the Guy's Science Club will be held in the Staff Common Room, on **Wednesday, 28th June, 1961, at 4.30 p.m.**

AGENDA

1. To elect a chairman for the meeting.
2. To sign the minutes of the previous general meeting.
3. To receive the Secretary's report.
4. The election of officers.
5. Any other business.

Tea will be served in the Staff Common Room at 4.15 p.m.

J. GRIFFITH,
Honorary Secretary.

"Guy's on the Missionfield"

May I draw the attention of your readers to an exhibition entitled, "Guy's on the Missionfield" ?

This will take place in the Quiet Games Room of the Students' Union on Tuesday, 20th June, from 1 to 9 p.m., and Wednesday, 21st June, from 10 a.m. to 4 p.m. Tea will be served on the Tuesday from 5.15 p.m. and will be followed by a film.

All members of the Hospital community are warmly invited.

GRAHAM G. ASHBY,
President, Guy's Hospital Christian Union.

A Memorial Service for the late Dr. Peter Gorer, F.R.S., Reader in Experimental Pathology at Guy's Hospital Medical School, will be held in the Hospital Chapel on Wednesday, 21st June, 1961, at 12.30 p.m.

GUY'S HOSPITAL REPORTS. Vol. 110. No. 2

Editors: J. C. HOUSTON
R. H. S. THOMPSON

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HOSPITAL SYMPHONY ORCHESTRA

The Hospitals' Symphony Orchestra is composed of staff and students from all the London teaching hospitals, and Guy's has about fifteen members.

On Saturday, 13th May, they gave their Annual Concert at Dukes Hall in the Royal Academy of Music.

The programme was varied and much enterprise was shown in devoting the second half of the concert to Mahler's Symphony No. 4 in G major.

The evening began with the overture to Beethoven's ballet "The Creatures of Prometheus". The enthusiasm of the orchestra was felt from the beginning, though this was not always matched by skill. The lack of coherance was noted perhaps most of all in the quieter and more delicate parts of Handel's "Music for the Royal Fireworks." Nevertheless, this was balanced by the excellent rendering of the Mahler Symphony. Denise Walker sung the Aria: "Dove Sono" from Mozart's "Marriage of Figaro". She expressed well the feeling of the folk-poetry, which, set to music forms the fourth movement of Mahler's Symphony.

The concert as a whole, under the guidance of Bernard Keefe the conductor, was admirable. The more so when one considers the difficulty of gathering a large body of people together for rehearsal from so many hospitals. It was unfortunate that the audience was not larger for the concert was, above all, an enjoyable one.

RESEARCH AT GUY'S

Pathology . . .

The reputation of a medical school both at home and abroad rests more upon the quality and variety of its research activities than upon almost any other feature of its corporate life. Indeed, it could be said also that the standard of both preclinical and clinical teaching is directly related to these activities. It is, however, an unfortunate truism that all too often the quality of the work in progress in a school is better known and more accurately judged outside its walls than within. It is often said, perhaps not altogether with justification, that the present reputation of Guy's rests heavily upon the foundations laid by its famous men of the last century. Certainly that vigorous and enquiring group were men prepared to seek in the laboratories of their day answers to the pressing questions posed daily at the bedsides of their numerous patients. They were also fortunate in that they lived before that sterile era when to arrive at a clinical diagnosis of meticulous accuracy was regarded as almost the only medical achievement of distinction. They were on the contrary observers of natural phenomena who in search of facts were prepared to turn their hands and attention to any method capable in their opinion of shedding light upon the chaos they saw around them. There are signs that this spirit of inquiry, this dissatisfaction with the accepted order of things, is reawakening. It is not surprising that the Department of Pathology, standing as it does at the cross roads of structure, function and disease, finds itself in the midst of this new revival.

In keeping with the general functions of a large teaching hospital, the lines of work being followed in this department are various. All have a direct application to the better understanding of the disease processes met in the wards, and are aimed at disclosing the laws that govern pathological mechanisms. There is furthermore, an especial interest in neurological disease.

Dr. J. B. Cavanagh, one of the senior Research Fellows of the Hospital Endowments Fund, is studying the neurotoxic effects of organophosphorus compounds. These substances, such as triorthocresyl phosphate and D.F.P. are widely used in industry and agriculture, the former as plasticisers and high temperature lubricants and the latter as insecticides and antihelminthics. Their manufacture and handling are known to expose the workers to risks of serious paralysis. The peripheral neuropathy produced by these compounds closely resemble those found in certain natural human diseases, and they are thus valuable tools not only in helping to disclose the mechanisms underlying the reaction of the neurone to disease, but also for the development of means of applying neurophysiological

methods to pathological conditions. With *Mr. R. J. Passingham* he is also concerned in a long term study of the growth and requirements of nerve cells in tissue culture and the process of formation and maintenance of the myelin sheath *in vitro*.

Dr. R. G. Spector who is attached to the Department from the Paediatric Research Unit, has recently begun studies on the various factors that lead to injuries to the brain at birth. The problem of anoxia of the newborn is probably one of the most urgent and at the same time one of the most complex that has to be faced, since the immature brain has its own parameters in health and disease often quite dissimilar from those of the adult.

Dr. G. A. K. Missen has collected a large number of necropsied cases of giant-cell ("temporal") arteritis which he has subjected to a detailed anatomical study, with special reference to the cerebral and other complications of the disease. Cerebrovascular lesions of this type are particularly instructive, throwing light upon the mechanisms operating in the more common arteriosclerotic brain disease.

Dr. Leibowitz, Dr. Smith, Mr. R. S. Morgan and Professor Payling Wright are following up former studies upon the reaction of the myelin sheath to experimental disease. By using heterophile (Forssman) antibody in susceptible animals they have been able to produce varying degrees of damage to the vascular bed of the brain, and have followed the abnormal fluid and cell responses that result in the brain parenchyma.

Dr. D. C. J. Bassett is further studying the cytotoxic properties of heterophile antibody *in vitro*, by cytological methods including tissue culture. The possibility that minimal changes of this sort may 'trigger off' other more damaging processes is an intriguing one. Since it has been shown earlier by *Dr. Dobbing*, *Dr. Davison*, *Miss Wajda* and *Professor Payling Wright*, that the myelin sheath once formed is a structure of considerable stability, the general conclusion has been derived that primary demyelinating disease, such as multiple sclerosis, is more likely to be caused by some actively destructive agent or mechanism than be a failure of maintenance of the sheath as the result of some metabolic disturbance.

Dr. C. W. M. Adams (at present on a visit to the National Institutes of Health, Bethesda) has a special interest in the application of the techniques of histochemistry to the lipids, proteins and enzymes of the brain. By these means he has studied the processes of formation and breakdown of the myelin sheath in man and animals. He has also turned his attention to the question of the derivation of lipids in the walls of large vessels, developing the idea that one aspect, at least, of the atherosclerotic lesion may be an alteration of the normal lipid content of elastic tissue.

Dr. S. De Navasquez has for several years been interested in the cause of pyelonephritis. With *Dr. Gorrill* of the Department of Bacteriology he has followed the progress of the experimental disease in rabbits after mild bacteriaemic episodes. Although scarring of the kidney follows any primary infection of this sort, they have found that the organ is made more vulnerable thereby to any subsequent

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bacteriaemia. The increase of focal damage is by this means facilitated, and the principle of the *locus resistentiae minoris* is thus found to hold in a decisive manner in this experimental disease.

The late *Dr. P. A. Gorer* had for long been actively concerned in developing a method for studying the immunological reactions that occur after tissue and tumour transplantations in mice, based upon the presence of genetically controlled antigens in the tissues which are analogous to the rhesus factor antigens of humans. This has grown into a particularly important subject of much complexity, and its application to the practical problems of tissue grafting and to an understanding of the nature of tumour growth and behaviour has been of far reaching significance. Indeed it may be safely said that much of our present concepts of the practicability of tissue grafting have stemmed directly from the fundamental work of Dr. Gorer and his collaborators on genetically pure strains of mice. Current work by *Dr. Batchelor*, *Miss Saleh*, and *Dr. Silverman*, a visitor from California, is concerned with the elucidation of the relative roles of humoral and cell-bound antibodies that decide the acceptance or rejection of tissue grafted from one animal to another.

The work in a department of this sort must necessarily be experimental in character. While it is just as necessary as it formerly was to pursue the classical method of correlating disturbances of function with anatomical disease disclosed in the post mortem room, it is vital that experiments should be designed to test hypotheses suggested from such correlations and to analyse faulty cellular and metabolic processes in order to clarify further the nature of the clinical disease. Concentration upon specific problems means that many techniques have to be used and it is frequently necessary to form fruitful liaisons with other departments whose special interests and experience may not otherwise be easily acquired. It is thus of much importance to keep constantly aware of the work in progress in other departments throughout the school, the methods currently in use and the theoretical background of their own problems. Active curiosity and discussion about the affairs of the department are always welcome and valuable.

Twenty Years Ago

Sector News, Gazette of 14th June, 1941.

'It is believed in authoritative circles that the presence of Rudolf Hess in this country was for a visit to Dr. Bishop's endocrine clinic for a course of injections of virility, of which the Nazis had hitherto claimed a monopoly . . . .'

SPORTS DAY

1961

A perfect combination of serious and not so serious athletic entertainment produced the most enjoyable Sports Day we have seen for years. Saturday 3rd June stayed fine throughout the afternoon at Honor Oak Park; we owe our health to Harold for laying in large precautionary stocks of beer. Sports Day is the sort of open occasion when local inhabitants can look in on Guy's men and women at play as well as actively participate in the goings-on, and this year was no exception—everyone hobnobbed pleasantly with everyone else, and the amount of 'shop' heard on eavesdropping (always a useful index to the success of extramural activities) was negligible. The side shows were profuse, profitable and entertaining, though on occasions, bizarre: there is something rather embarrassing about throwing pennies into a consultant's cardboard mouth for a prize. Bingo provided the perfect medium for Chater's fairmanship—he was made for this sort of thing. No less suitable was Crowe (our most promising croquet-player) whose croquet hoop stall was swarming with children and senior staff. Coconuts, Darts, Bowls (for a budgerigar) and Treasure Hunt were all there.

The running track was in beautiful condition, a tribute to the groundsmen in fact, and though a lot of events had been run off beforehand to prevent too crowded a programme, we were treated to some exciting athletics. An impressive sprint gave Waters the 100 yards victory in 10.1 seconds over Ribiero, and Waters convinced us of his versatility by also winning the 120 yards hurdles, and long jump, a considerable feat considering the number of events he entered.

The Olympians

(Messrs. Brain, Lewis, Dr. Houston, Mr. Batchelor).

The half-mile was a duel between Boothby, Captain of the Athletics Club and Ribeiro; Boothby dogged his opponent throughout the first 1½ laps, though after the first lap Ribeiro tried to pull away. Doubts were dispelled when Boothby took Ribeiro on the last curve and finished strongly after making 10 yards on his opponent. Peace, having earlier broken the 5 year old discus record with a throw of 125 feet 10 inches, put a magnificent shot of 44 feet 3½ inches thus exceeding the record set up in 1922 by nearly 5½ feet. But the climax was to come: after a slow mile final won by Holt from Boothby, attention shifted to the stand side where, despite extraneous noise from a considerable crowd of children (happily unaware of the tension) Richard Morris demolished his opponents in the high-jump with consummate ease, and proceeded to take the record up to 6 feet 0½ in. with a series of beautifully executed jumps. The social contests attracted the usual number of spectators and at times, an embarrassing number of entrants. A thrilling sack-race went to Lillicrap (your correspondent participated and needs a new pair of trousers) and Lintott won a pocket solitaire for coming second—a hint perhaps ? By diverse means, the Great Maze Pond Flamingoes won the beer race and a no less improbable sect, the Continual Claspers, carried off the Clubs' Union Relay for the second year running.

M. Lewis

All too soon, Mrs. Houston kindly gave away the prizes, the Judges, Dr. Houston, Mr. Lewis, Mr. Brain, Mr. Tomkinson, Mr. Batchelor and Mr. Winston, put away their watches, the commentator put away his husky cultured voice, and most of us returned for the dance at Guy's. All, that is, except the ubiquitous croquet team and a few hangers-on who watched their game with undisguised amusement. A lot of work had again produced a well-ordered entertaining afternoon, yet something of the village fete was missing. Where was the local M.P., the vicar and his wife, the flower show ? Or would this make too big a splash? At all events the Sports Ground could hold a much bigger crowd, if the attraction was there to draw more South Londoners to Guy's Sports Day.

The Beer Race [*Photos by G. Cooke*

RESULTS

Events run on *Wednesday, 31st May.*

Junior 880 yards : 1. V. Holt, 2 mins. 10secs. 2. J. Hunt.
2 Miles : 1. V. Holt, 10 mins. 36.2 secs. 2. C. Boothby.
Hop, Step, Jump : 1. D. Waters, 40 ft. 8 ins. 2. M. Anto.
Hammer : 1. P. Peace, 85 ft. 5½ ins. 2. I. Dunn.
Discus : 1. **P. Peace*, 125 *ft.* 10 *ins.* 2. R. Owen.
Javelin : 1. I. Dunn, 139 ft. 8 ins. 2. C. Evans.
Ladies 100 yds. : Miss A. Falconer, 13.2 secs. 2 (equal) I. McCrea, Miss C. Stannard.

Saturday, 3rd June.

100 yds. : 1. D. Waters, 10.1 sec. 2. M. Ribeiro.
Long Jump : 1. D. Waters, 20 ft. 2 ins. 2. M. Joseph.
Pole Vault : 1. M. Lewis, 9 ft. 3 ins. 2. M. Walker.
880 yards : 1. C. Boothby, 2 mins. 5.6 secs. 2. V. Holt.
Shot : 1. **P. Peace*, 44 *ft.* 3½ *ins.* 2. I Dunn.
120 Hurdles : 1. D. Waters, 16.2 secs. 2. P. Peace.
Mile : 1. V. Holt, 4 mins. 45 secs. 2. C. Boothly.
High Jump : 1. **R. Morris*, 6 *ft.* 0½ *ins.* 2. M. Joseph.

The Clement-Lucas cup for the Victor Ludorum was won for the 3rd year in succession by Denis Waters with 26 points. 2nd was V. Holt with 18 points.

Novelty Events :

Houseman's Hundred : 1st Mr. J. Balfe. No other finishers.
Sack Race, Senior : 1st Graham Lillicrap. 2nd D. Lintott.
Ladies Egg and Spoon : Not awarded. All entrants disqualified for holding eggs in spoons with fingers.
Beer Race : Great Maze Pond Flamingoes, R. Sells, D. Lintott, M. G. F. Crowe, C. B. Boothby.
Tug-of-War : Medicals.
Clubs' Union Relay : Continual Claspers (for the 2nd year running).

CORRESPONDENCE

Letters to the Editor of the Gazette

National Health Dentistry

SIR,—In the same way as there are different kinds of people, there are different kinds of dentists and the students at present at Guy's will fall into the various catagories in the same way as the patients do.

There is :

The shrinking violet—that is myself.

The administrator who prefers not to do much dental practice.

The academic.

The craftsman.

The surgeon.

The confident, clear-thinking and "knowing exactly where you are going" kind of dentist.

How I envy the latter and D. D. Stalford, who is one of them. No fears of the Dental Estimates Board here, look them straight in the eye and they are like as many kittens. I do not think D. D. Stalford can be anywhere near 55, because having reached that age myself I am bowed, aching in every limb and suffering from ALL the occupational diseases. He will probably be the same, but having been confident and clear thinking, he will reduce his working hours as planned, whereas I, being a shrinking violet, just go on until I drop in my track. The Government treats its old horses better than its old dentists, who still, at 65, get the same fees as a fine upstanding, etc.

I am with Mr. Lux every time. I do like a bit of private practice though; it reminds me of the days when men were men and not numbers.

Yours etc.,

MXD 527.

(E. B. CARPENTER.)

486, Uxbridge Road,
Hatch End, Middx.

SIR,—The correspondence between Messrs. Lux and Stalford is very interesting but I do not feel that all has been said on the subject.

I also, like Mr. Stalford, see no private patients. In so many cases the motive is entirely wrong. One gets the patient who comes in saying "I want so-and-so done"—usually extractions— "and I'm willing to pay anything for it" and on examination one finds it is something which is clinically quite unsuitable or unnecessary.

Or there is the patient who says "I'm prepared to pay you for something better than N.H.S."—usually dentures.

My stock answer to this one is that I do not work two standards, I can only do one—my best, which may or may not be very good. In this connection I should be interested to know how a fee of £70 for one denture can be justified.

No, I find that the N.H.S. enables me to work with what I flatter myself is integrity, and to say in effect to the awkward or potentially awkward customers— "If you don't like it you know what to do about it".

Yours etc.,

DAVID R. BOSWELL.

1, North Road,
Midsomer Norton, Somerset.

SIR,—I am so pleased that Mr. Stalford has decided to take up the cudgels against me. At last we can get the facts into print, something that has been long hidden in a welter of mire that the National press has long written about us, so much so that Dental students must feel that they are on to a "good thing".

So you are, if you are content to do basic dentistry, lower your standards, reject the more advanced techniques—unless like Mr. Stalford, the remuneration is unimportant. Mr. Stalford prefers to refuse private patients. He must be satisfied with the "profit" he makes from his fabulous fee of £9 9*s*. 0*d*. for a full set of dentures, a case which necessitates the use of inferior teeth and materials. Well, I am not at all satisfied, and when I view the result I shudder that we highly qualified men and women are forced to such quality of work because of fees which are at least 20 (yes I mean 20) years out of date. He then goes on to state that the complexities "rapidly dissolve into a not very exacting routine". This can be summed up: if it will not fill quickly, extract it, and then a denture. I contend that the present conditions are conducive to a lowering of standards, neglect of the finer arts of dentistry, and can only mean a less qualified man in the future—when we can no longer grumble about the use of ancillaries. I predict that if the present trend of affairs continues then the Dental curriculum will be altered to meet the increasing shortage, and crowns, bridges, oral surgery, will be POST graduate studies.

As for one's integrity being bought well, at least let the private patients PAY for favours; under the National Health it is EXPECTED anyway and we are glorified Civil servants at everybody and anybody's beck and call.

That the Estimates Board is a tolerant body is absolutely farcical, I can think of one man who has had over 200 appeals against the Board's findings and the present ridiculous state of affairs over the "release" of co-gold from prior approval is pathetic.

However, some facts will allow the student to decide about the fairness of fees and whether or not he should try and cultivate private patients. I will list Mr. Stalford's items :—

Crowns : a post crown with a gold diaphram £3 15*s*. 0*d*., l. b. cost £2 5*s*. 0*d*.
Skeleton dentures (something I now refuse to do on the scheme) :
Fee allowed me : £10 10*s*. 0*d*. Lab. fee (cast metal plate only) £9.
Surgery : Apicectomy—£3 15*s*. 0*d*., this includes the root filling which being worth £2 5*s*. 0*d*. means that your precise surgical intervention is only worth £1 10*s*. 0*d*.

One final word, if Mr. Stalford is to really cut his working to 3 days without the need to apply for National assistance, I would urge him to cultivate some private patients, or will he rely on the State to aid him, backed of course by the "tolerant" Estimate's Board ?

Yours etc.,

L. B. LUX.

Kintore, Ashley Road,
Hale, Altrincham.

Art Society Exhibition

SIR,—The Art Society Exhibition will be held this year in October instead of in June and July as usual. This is mainly so that all those who long to paint, sculpt or draw but feel continually frustrated by lack of time or unkind weather can take advantage of the summer to express themselves.

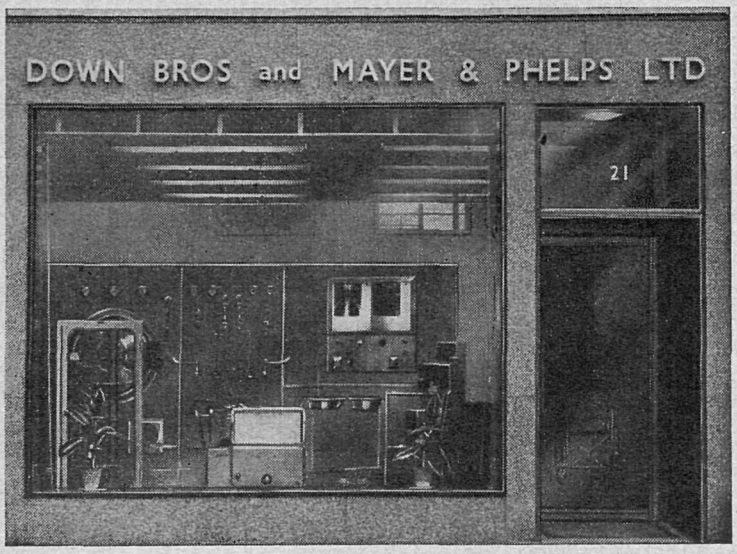
All those who work or study at Guy's are most welcome to enter.

Yours etc ,

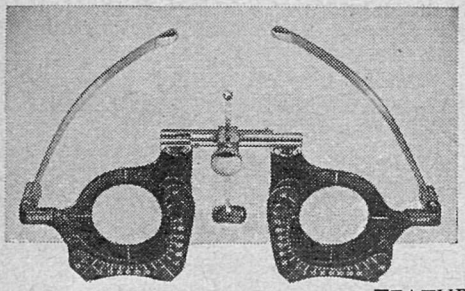
BROOK WILLS,

Hon Sec. Art. Society.

THE FIRM ACROSS THE ROAD



Clement Clarke Present



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CLEMENT CLARKE

INSTRUMENT DEPARTMENT: 63, WIGMORE STREET, LONDON, W1.

International Congress of Nurses in Melbourne

SIR,—I think you know that Miss Marion Walker, Miss Jane Jacobs and I have just returned from a most exhilarating seven weeks' World Tour during which time we attended the International Congress of Nurses in Melbourne last April.

As expected, we met a number of Guy's men and women here and there, but I thought your readers would be particularly interested to hear of the happy reunion we had in Melbourne, at which were present twenty-seven men and women who had trained at Guy's between 1910 and 1958. This wonderful party, which was arranged for us by Sol and Barbara Brand, and Paul and Susan Large, was held at the Brand's home on 20th April and there we met, in addition to our hosts and hostesses :

Edith Breithaupt (née Vernede), Rosalie Dryer, Margaret Marriott, Frances Beck, Mark Lindsay, John Forster, Jean Craddock, John and Johnny Apted (née Read), Austin and Jill Doyle (née Simpson), Ian McMillan, Sheila Lett (née Paul), David Adamson, Brian Cremin, Mary Rutherford, Helen Smibert (née Winslow), Constance Hartley (née Napier), Patricia Johnson, Gillian Brooks, Barbara Cromwell-Wood.

Everyone looked very well and affluent, and I think you can imagine the chatter and noise as the hours flew by, as they were avid for news of Guy's. It really was a memorable occasion and we were most grateful to our friends for the opportunity this gave us to renew so many friendships.

On arrival in Auckland, we were greeted by Avril Turner who had travelled 88 miles from Hamilton on her scooter to greet us at the airport. At Wellington we unfortunately missed Audrey Long who had flown from Nelson to welcome us a day too soon, but we lunched with Joan and George Walker who came down from New Plymouth, and spent a delightful evening with James Giesen and his wife.

En route for Perth we spent an hour at Adelaide with Mrs. Hay James (née Bell) who qualified in 1915 and who was also delighted to have news of Guy's.

In Colombo we were welcomed by Miss Wetherell and Miss Shackshaft, who had arranged a marvellous programme for us, which enabled us to see a great deal of the beautiful island of Ceylon, particularly as we spent two days 'up country' with Katherine Moore (née Hunt) and her husband, which was bliss after the pre-monsoon heat of Colombo.

In Ceylon we were particularly fortunate to be shown the island by Dr. J. L. C. Fernando, a Guy's man, and we also met Miss Billingham-Smith who is at present the Theatre Sister at Miss Shackshaft's hospital at Colombo.

As soon as the transparencies which we took are ready, we hope to share this experience of a lifetime which, thanks to the generosity of the Board of Governors and the Guy's Hospital Nurses' League, we were fortunate enough to enjoy, with the Sisters and Nurses and our friends. I am only sorry that the photographs of the Melbourne reunion have not yet arrived in time to publish in this week's edition of the *Gazette*.

Yours etc.,

J. ADDISON,

Matron.

Contract Bridge

SIR,—May I through your kindness be permitted to bring to the notice of all those interested in the duplicate game of contract bridge, that in aid of the Imperial Cancer Research Fund, there will be an international simultaneous match-pointed pairs contest on Thursday, 29th June, 1961.

Run under the aegis of the English Bridge Union, this contest will be staged that day at various Clubs throughout the United Kingdom, and apart from raising funds for a very worthy and charitable cause, it must help all ranks of players

to augment their interest in the game and generally improve their standard of play.

As a Guy's man, I do hope there will be quite an appreciable nucleus so as to hold such a contest at Guy's, or alternatively to join up with other hospitals and clubs, which are holding these contests. As a general rule, most entrants would be welcome and accepted.

Permission to hold a contest at one's own club or premises must be obtained from the E.B.U. Secretary, but full particulars are obtainable from :

Mrs. Jill Gatti, 33, Palliser Road, London, W.14.

Yours etc.,

D. SPENCER WILSON.

78, Lewisham Park,
London, S.E.13.

REVIEWS

Bacteriology for Dental Students. By T. H. MELVILLE and G. L. SLACK. W. Heinemann. *Price* 30*s.*

The Dental Student is required to study both the bacterial flora of the mouth and that of the body in general. The knowledge the student acquires of bacterial characteristics and their relation to disease will help him to understand the complexities of oral bacteriology.

The authors have written a book which will provide the more academic student with a sound basis of bacteriological knowledge. Taxonomy, morphology and bacterial metabolism are discussed in detail, and there is a welcome inclusion of a large table of classification. The many excellent illustrations in full colour and of standard magnification will assist the student to recognise bacteria under the microscope, and colonial and morphological appearances.

The last section of the book includes concise accounts of the theories of dental caries, periodontal disease, and infections of the pulp and periapical tissues. These are subjects which the Dental Student must understand thoroughly, yet rarely finds so succinctly expressed. This is a well planned book containing a wealth of information presented in a thoroughly readable manner. It will be a real asset to the student studying for the dental degree.

S.T.

The Wellsprings of Life. By I. ASIMOV. Abelard Schuman Ltd. *Price* 16*s.*

When thumbing through this book, I had certain misgivings, as I saw a mass of seemingly useless information. However, reading it, what I found was very interestingly written, and full of well chosen, and clearly explained examples.

The author develops man's ideas about his origin historically.

He then goes back gradually, explaining every step in our anatomical, physiological and biochemical evolution, going beyond our ape-like ancestor's past simple cells, into the chemist's domain.

Mr. Asimov suggests that, aeons ago, various inorganic compounds in the Earth's atmosphere, under the influence of the tremendous energy supplied by the sun, the universe, and the high temperature and radio activity of the Earth's crust, combined, forming increasingly complex organic compounds, leading to nuclere acids, and perhaps life itself. By evolution and natural selection, these free-living viruses, the presumed first signs of life, in Mr. Asimov's opinion, developed into us.

I thoroughly recommend this book to anyone interested in evolution.

P.U.

Occlusal Equilibration and Temporomandibular Joint Dysfunction. By N. A. SHORE. J. B. Lippincott Company, Philadelphia and Montreal. Distributed in Britain by Pitman Medical Publishing Co. Limited, London. Pp. 323. 242 Illustrations. *Price* £5.

This book is written by an enthusiast for enthusiasts. The student who is looking for a critical evaluation of the role of occlusal equilibration in the treatment of periodontal diseases and temporomandibular joint arthroses will not find it here. He will find a comprehensive review of all the conditions in the treatment and prevention of which this procedure has been used. The related basic sciences are discussed in chapters on "The Biomechanics of Tooth Movement" and "Histologic Reactions To Force" and there is a long chapter on the "Physiology of the Stomatognathic System," some of which may not be completely acceptable to Physiologists in this country. A technique of occlusal equilibration is very fully described and well illustrated. The whole book is beautifully produced but can be recommended only to those who already have considerable knowledge of this specialised branch of dental treatment.

R.D.

Medical and Dental Aspects of Fluoridation. By W. A. CANNELL. H. K. Lewis & Co. Ltd., 1960. Pp. 125. *Price* 15*s*.

In the preface of this book the author states that his aim is to correlate the various and often conflicting theories of the physiology and biochemistry of fluoride, and to link up the various medical, dental and scientific aspects. That is to say, the intention is to present a critical account of the fluoridation story as it stands today.

The book is just over 100 pages long, and the author's objective has been undoubtedly achieved. Chapters are included which cover historical, nutritional, pharmacological, and public health aspects of fluoridation. Throughout the book ample consideration is given to the backgrouna of the subject by including chapters dealing with the calcification of teeth and bone, and the development and structure of enamel, dentine and cementum. While such chapters tend to unbalance the book, they will be appreciated especially by readers who may not be familiar with recent views on these basic subjects.

The author has thoroughly covered the literature on fluoridation and allied topics and has succeeded in presenting a synopsis of the subject completely free from sentimental bias. The book is generally easy to read though sometimes long and complicated sentences perplex the reader's understanding. These and the few printer's errors will undoubtedly be corrected in future editions.

This book is unreservedly recommended to all practitioners and students who proclaim any concern for the prevention of dental caries.

M.N.N.

The Neurological Examination of the Infant. By ANDRE-THOMAS, YVES CHESNI and SAINT-ANNE DARGASSITS. Edited by R. C. MAC KEITH, P. E. POLANI and E. CLAYTON-JONES. Bublished by the Medical Advisory Committee of the National Spastics Society, London. Pp. 50. *Price* 5*s*.

This book is intended for use in the ward, not the library. It is a handbook describing the methods and results of examining the nervous systems of neonates and infants.

In the foreword, much of which is repeated in subsequent sections, the complicated terminology used by the French investigators is explained. The rest of the book is in two parts, the first concerning neonates and the second older infants. Neo-nates are examined in an anatomical sequence and the older infants studied according to the development of functions and not by age.

The text is direct and explicit and is extensively illustrated by 100 small line diagrams showing both normal and abnormal responses. In several instances these diagrams are not clear and thus do not serve their purpose.

The variation in the normal response is stressed and the importance of repeating tests before forming conclusions is emphasised.

Although essentually a practical book, the extent of the examinations will probably make it unattractive for routine use. Nevertheless it remains an excellent and comprehensive manual of infant examination.

D.J.L.

SPORT

LADIES' LAWN TENNIS CLUB

Guy's 1st VI v. University College Hospital 1st VI
At H.O.P. 31st May, 1961

Result—Guy's won 6-0

CUP MATCH

J. Gardner and P. Heather, Won 2, Lost 0.
J. Siarey and C. Gladstone, Won 2, Lost 0.
C. Lawrie and R. Williams, Won 2, Lost 0.

ATHLETIC CLUB

Guy's v. Wye College

At Wye, nr. Ashford, Kent 20th May, 1961

Guy's had a very enjoyable afternoon's athletics in this new fixture against Wye College. The two sides were well matched on the track, but Wye were superior in the field events where 5 ft. 6 ins in the high jump and 141 ft. in the Javelin could only gain Guy's second place.

We were very grateful to our hosts for their excellent hospitality and look forward to meeting them at H.O.P. next year.

Result of Match :

Wye 71 points, Guy's 51 points.

100 *yards:* 2nd Tong 11 secs., 3rd Waters.
220 *yards:* 2nd Tong 25.2 secs., 4th Berger.
4x110 *yards:* Guy's 2nd (Waters, Bourne, Berger and Tong).
880 *yards:* 1st Cooper 2 min. 13 secs., 2nd Boothby 2 min. 14.8 sec.
440 *yards:* 2nd Boothby 55.4 sec., 3rd Hunt.
1 *Mile:* 1st Boothby 4 min. 58 sec., 2nd Cooper 4 min. 58.4 sec.
High Jump: 2nd Waters 5 ft. 6 ins., 4th Tong 4 ft. 10 ins.
Long Jump: 3rd Waters 18 ft. 11½ ins., 4th Bourne 18 ft. 8¾ ins.
Shot: 3rd Hunt 30 ft. 9 ins., 4th Dunn 23 ft. 6 ins.
Discus: 3rd Dunn 83 ft. 4½ ins., 4th Hunt 58 ft. 10½ ins.
Javelin: 2nd Dunn 141 ft., 4th Waters 105 ft. 8 in.

Guy's v. R.M.A. Sandhurst

At Sandhurst 24th May, 1961

Guy's suffered an overwhelming defeat against a faster, fitter Cadet team. The only redeeming feature of the match was the 120 yards Hurdles which was won by Waters in 15.4 secs. which equalled the Academy all comers record.

Result of Match :

R.M.A. 78 points, Guy' 36 points.

Guy's v. St. Bartholomew's Hospital v. Northampton College

At H.O.P. 17th May, 1961

Guy's were unlucky to be beaten into 3rd place in this hard fought match.

Result :

St. Bartholomew's 92½ points, Northampton 81½ points, Guy's 80 points.

100 *yards:* 1st Ribeiro 10.5 sec., 6th Muyer.
220 *yards:* 2nd Tong 24.2 sec., 4th Robinson.
440 *yards:* 4th Hunt, 6th Oni-Onisen.
880 *yards:* 3rd Boothby 2 min. 6 sec., 4th Cooper.
Mile: 2nd Holt 4 min. 3.9 sec., 6th Phipps.
4x110 *yards:* 2nd Guy's (Tong, Ribeiro, Muyer, Robinson).
High Jump: 1st Tong 5 ft. 1 in., 3rd Thaker 5 ft. 1 in.
Long Jump: 4th Tong 17 ft. 8 in., 6th Hunt 11 ft. 2 in.
Discus: 3rd Dunn 91 ft. 6 in., 4th Thaker 88 ft.
Shot: 2nd Dunn 31 ft. 6 in., 6th Evans 26 ft. 10 in.
Javelin: 2nd Evans 140 ft. 4 in., 5th Phipps 102 ft. 5 in.

CRICKET

Guy's v. Reigate Pilgrims

Result—Reigate Pilgrims won by 27 runs

Reigate won the toss and batted. Biggs used the new ball well varying his pace and was unlucky to get only 2 wickets. Banks had a good day; with little help from the pitch his persistent attack conceding less than 2 runs an over forced the batsmen into errors.

Guy's started disastrously losing an opener in the first over and soon 3 wickets were down for 22. Huins and Pagliero then relaxed the defensive game and attacked the bowling and put on 56 runs for the fourth wicket. However, the tail could not rally and Guy's fell short of the total by 27 runs.

Guy's

H. McGregor, b. Jones	0
T. J. Huins, ct. Jones, b. Walker	33
R. W. Myall, ct. Lee, b. Walker	7
N. Healy, ct. Barham, b. Jones	4
K. M. Pagliero, l.b.w. Walker	31
J. G. Cook, ct. and b. Walker	10
J. Norman, b. Wood-Smith	12
I. Baker, run out	1
D. Biggs, l.b.w. Walker	0
P. McAndrew, not out	6
P. Banks, b. Walker	4
Extras	13
Total for 10 wickets	121

Reigate Pilgrims total for 10 wickets .. 148

Bowling	O.	M.	R.	W.
Biggs	12	2	53	2
McAndrew	5	0	24	0
Banks	13.4	5	24	7
Pagliero	3	0	22	0
Huins	4	0	8	1

Guy's v. Brasenose College

Result—Brasenose College won by 49 runs
20th May, 1961

A fine day; Brasenose College won the toss and batted on a pitch which though damp, was deceptively fast. An opening partnership of 88 resisted the opening attack of Biggs and Knott. It was not until after lunch that Bernard and Tanner broke through and dismissed the team while only 35 runs were scored.

Guy's started well McGregor and Cook taking 41 off the fast bowlers before Cook was out. Then started a surprising collapse when the rest of the team were dismissed for 33 runs. There seemed to be a reluctance to play the ball off the front foot and almost every dismissal was due to playing back to balls that came through very quickly.

Guy's

H. McGregor, c. Simms, b. Blackwell	33
J. Cook, b. Blackwell	14
R. W. Myall, l.b.w. Blackwell	0
P. F. Sievers, l.b.w. Herr	1
J. R. Bernard, c. Snow, b. Blackwell	11
T. J. Huins, l.b.w. Henn	0
K. M. Pagliero, not out	9
J. Norman, b. Blackwell	0
N. Nott, b. Blackwell	0
D. Biggs, c. and b. Henn	3
R. Tanner, b. Henn	0
Extras	3
Total for 10 wickets	74

Brasenose College for 10 wickets .. 123

Bowling	O.	M.	R.	W.
Knott	7	0	42	0
Biggs..	5	0	23	0
Bernard	10.5	2	22	5
Tanner	9	4	30	5

MOTORING CLUB

Guy's Hospital Gymkhana

The Driving Tests this year will be held on Sunday, 25th June, at Royal Air Force, Biggin Hill, Westerham, Kent (by kind permission of the Commanding Officer). The event will be in the form of a gymkhana (as defined by the R.A.C.). The tests will be similar to those of previous years, *i.e.*, no speeding or rapid acceleration will be required. The gymkhana will start at 11 a.m.

Entries will be limited to 40. The entry fee will be 5/-, and entries should be sent to the Hon. Secretary, c/o Front Lodge, from whom further details can be obtained.

ROWING

The United Hospitals' Bumping Races

The races were held on May 10th, 11th and 12th over a course from Isleworth Ait to Kew Road Bridge. Guy's entered two eights and a Gentleman's eight. On the first evening the 1st VIII got off to rather a poor start but rapidly recovered and convincingly bumped Westminster Hospital 1st VIII. The Gentleman's eight was technically bumped by Queen Mary's College 1st VIII and the 3rd VIII scored a technical bump over St. Bartholomew's VI. During the second evening the 1st VIII rowed over, the Gentleman's eight was bumped by University College and the 3rd VIII bumped St. Bartholomew's V.

Guy's 1st VIII got away to a very good start on the final evening and came within a $\frac{1}{4}$ length of bumping St. Mary's Hospital 1st VIII before being bumped by St. Bartholomew's Hospital 1st VIII. Guy's 1st VIII finished fourth in the first division, the same position as it started. As the last evening's racing clashed with the Brighton Walk the Gentleman's VIII failed to enter because of this. As a result the 3rd VIII started in the Gentleman's position and were unfortunately bumped by St. Bartholomew's III.

1st VIII crew :—Bow, P. Griffiths, 2. D. H. Richards, 3. R. Rippon, 4. J. Axton, 5. B. D. Fitzgerald, 6. P. D. Venning, 7. D. Gurney, Stroke, T. N. D. Peet, Cox, A. Pickering.

Gentleman's crew :—Bow, W. Long, 2. S. Nundy, 3. P. Laver, 4. P. Inward, 5. S. King, 6. C. Hawes, 7. D. Cooper, Stroke, R. Durance, Cox, J. Weedy.

3rd VIII crew :—Bow, M. Watson, 2. R. Jenkin, 3. J. Marshall, 4. D. Simler, 5. P. Sharp, 6. A. Medhurst, 7. B. Burt, Stroke, J. S. Gregson, Cox, J. T. Weedy, Reserve, D. Lynn.

CROQUET

Maze Pond Flamingoes v. Magdalene College Cambridge

Result—Lost 12-9

The team played with commendable confidence for their first away match, but lack of familiarity with the Fellows Garden Lawn gave our opponents, who included a Croquet Blue, the advantage.

John Axton hooped with particular accuracy.

Maze Pond Flamingoes v. Trinity College Cambridge

Result :'A' team drew 10-10.

'B' team lost 12-8.

After a poor start, 'A' team caught up with some good Roquet shots and when lack of light stopped play were strategically placed to win.

'B' team played as well as a rather rough lawn permitted but were well matched.

Team : John Axton, Michael Crowe, Gordon Reeves, David Lintott, Robert Sells.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Orthopaedic Registrar (middle grade)** with duties commencing on 1st October, 1961, for one year.

Forms of application are obtainable from and should be lodged with the Superintendent, not later than **26th June, 1961.**

GUY'S HOSPITAL (AMENDED NOTICE)

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointments of **Registrars, Full-time and Part-time** (not less than 3 sessions per week), in the Department of Dental Prosthetics to commence duties on 1st October, 1961. The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with names and addresses of Two referees should be sent not later than **MONDAY, 3rd July, 1961.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Part-time, Non-Resident Casualty Officer** (Senior House Officer Grade) for the six months from 1st August, 1961. Six morning sessions weekly. Salary 7/11ths of full-time rate. Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on the **3rd July, 1961.**

GUY'S HOSPITAL MEDICAL SCHOOL

London Bridge, S.E.1

Applications are invited for the post of **Lecturer or Senior Lecturer in the Department of Clinical Pathology.** Appointment is to date from as soon as possible until 30th September, 1962, in the first instance. Salary is within the following ranges : Lecturer £1,350 to £2,200 ; Senior Lecturer £2,000 to £2,400, according to qualifications and experience, with superannuation and family allowance.

Applications should be made on a form obtainable from the Dean not later than **26th June, 1961.**

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Fellowship

The following have been admitted to the fellowship :

T. L. T. Lewis
H. A. Ripman
E. A. Williams

PASS LIST

UNIVERSITY OF LONDON

M.Sc. (Anatomy)

F. L. D. Steel

D.Obst.

A. H. Abrahams
Mary E. Braithwaite
F. B. Coleman
M. K. Dunstan
Louise Gallagher
P. R. Grob
R. G. Hornung
O. C. Legg
F. Mansfield
R. Marks
A. J. Membrey
F. H. Muir
J. T. Outred
P. E. Pearce
J. F. Steele-Perkins
G. G. Ward

WELSH NATIONAL SCHOOL OF MEDICINE

Mr. B. E. D. Cook, reader in dental medicine at Guy's Hospital Dental School, has been appointed professor of oral medicine and dean of dental studies. He will take up his appointment on 1st August, 1962, in preparation for the new dental school and hospital planned to be built in Cardiff.

NURSING NEWS

Entered :

Staff Nurse M. E. Smith to *York Clinic.*
Staff Nurse J. Ayre to *Surgical X-ray Dept.*
Staff Nurse J. Carmichael to *X-ray Dept.*
Staff Nurse B. Conway to Out-Patient *Dept.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Birch, Doreen A. The Deaf Child. *Practitioner*, 1961, **186**, 745.

Boger, J. R. F. Some Aspects of Deafness in Infancy. *Publ. Hlth. Lond.*, 1961, **75**, 219.

Douthwaite, A. H., Hills, T. H. and Hunt, J. N. Long-continued Inhibition of Gastric Secretion by Poldine Methosulphate in Patients with Peptic Ulcer. *Brit. med. J.*, 1961, i, 1575.

Harris, Martin J. Diseases of the Ear, Nose and Throat. *Pediat. Clin. N. Amer.*, 1961, **8**, 97.

Harris, Martin J. Management of Convulsive Seizures. *Pediat. Clin. N. Amer.*, 1961, **8**, 193.

Harrison, D. F. N. A Case of Primary Chordoma of the Sphenoidal Sinus. *J. Laryng.*, 1961, **75**, 429.

Jarrett, R. J. Mydriatics and Cycloplegics. *Practitioner*, 1961, **186**, 775.

McLean, John W. Some Physical Properties of a New Cross-linked Plastic Filling Material. *Brit. dent. J.*, 1961, **110**, 375.

Mills, C. Peter. Surgical Excision of a Meningioma from the Infra-Temporal Fossa. *J. Laryng.*, 1961, **75**, 418.

Rees, R. J. W. Studies on Rat Leprosy in Tissue Culture. *Proc. 6th Int. Congr. Trop. Med. Malar.*, 1959, **4**, 304.

Rees, R. J. W. and another. Development of Immunity to Tuberculosis in Adult Mice Injected with Tubercle Bacilli during Foetal Life. Immunology, 1961, **4**, 88.

Rushton, M. A. and others. The Relation of Radiation Dose to Radiation Damage in the Mandible of Weanling Rabbits. *Arch. Oral Biol.*, 1961, **3**, 235.

Stamm, T. T. The Problem of Footwear. *Practitioner*, 1961, **186**, 710.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—**Binding cases *5s.***

REQUIRED

ASSISTANT DENTAL SURGEON required for busy single-handed practice (with a country branch), approx. 40 miles north of London. Possibility of partnership later for the right man. Remuneration by arrangement. Box No. 272.

GUY'S MAN requires conscientious Dental Assistant in St. Albans. All modern equipment. Furnished cottage available. Box No. 275.

CLERK (Temporary) Invoices and Accounts, typing useful. Box No. 20.

TO LET

FLAT—Lewisham area. Near station, self-contained. 2 bedrooms, living room, kitchen, garden, unfurnished. Present rent £10 monthly. Good fittings—including cooker and sink unit £250. Present Tenant emigrating. Box No. 274.

BLACKHEATH. Well furnished flat to let, large lounge, bedroom, bath, kitchen, refrigerator. Self contained. Write Box No. 276.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

James Barrie, M.B., B.S., Stoneacre, Tyler's Green, Cuckfield, Sussex. (Tel. Cuckfield 458.)

R. S. Vine, Hon. Col. R.A.M.C. (Retd.), Inspector under Cruelty of Animals Act, 1876. Home Office, Whitehall, S.W.1, and "Bryher," Fielden Road, Crowborough, Sussex.

Dr. Kenneth Wedgewood, South Georgia, Falkland Island Dependencies, S. Atlantic.

MARRIAGES

McCRAE-DALY.—On 3rd April, 1961, at St. Elizabeth's of Portugal, Richmond, Capt. John McCrae, R.M., to Camille Daly, S.R.N., S.C.M.

BIRTHS

GRIFFITHS.—On 30th April, 1961, in North Bay, Ontario, to Annabel (née Worlledge), S.R.N., and Rhys Griffiths, M.A., a son (Peter Michael).

MAILE.—On 17th April, 1961, at Nuffield House, to Sheila (née Kelly), wife of Dr. W. B. D. Maile, a daughter (Geraldine Mary Drayson), a sister for Christopher, Simon and Timothy.

SHUTE.—On 14th April, 1961, at Guy's Hospital, to Margaret and Scott Shute, a son (Guy Brian Lawson), brother for Anna Jane, Fiona and Clive.

Eds. { S.R.M / R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1903 1*st July* 1961 *One Shilling*

PASSIM

THE exchange system between Guy's and Johns Hopkins Hospital, Baltimore, has been operating since 1947 and entails the exchange of two members of the staff from each hospital for a term of one month. This year the medical school, and the E.N.T. department particularly have had the good fortune to entertain Professor J. E. Bordley, M.D., head of the corresponding department at Johns Hopkins. Professor Bordley has made his presence felt in no uncertain fashion. Apart from two clinical lectures on the Pathology of Deafness, his presence at Out-patients and Clinico-Pathological meetings has given us repeated glimpses into the quantity and the incisive quality of work which goes on under his direction at Johns Hopkins.

This insight into other peoples' research, which is a topic under review by the *Gazette* at the moment, would appear to be sufficient justification for a prolonged exchange between two important research centres like Guy's and the Hopkins. Yet there is probably a more significant and much disputed facet of Hospital life which will never suffer from too much comment (be it constructive) from overseas visitors, and that is clinical teaching. For instance, the maxim 'Why has this patient got this disease' may be difficult to bear in mind while dealing with a specialised case with a largely organic basis, but in the visitor's eyes, the consideration of the disease in context with the patient's normal life, and modification of treatment thereby is a process found over here and lacking all too often in the States. Similarly, the Clinico-Pathological meetings on Saturday mornings, organized by the Department of Surgery (and missed by many who would benefit from them) invite friendly comment from visitors, particularly students, who have nothing similar in their home university. Conversely, we have heard of the high degree of hospital organization in America in spite of their major bug-bear, the chronic shortage of fully trained nurses, the generous policy of research endowment funds and the work which goes on as a result, all from our visitors.

This international relationship is of course going on through the beneficence of many organizations other than our own : travelling Fellowships or Professorships are the most efficient media for correlation of medical advance by picking foreign brains in exchange for

home information. We hope that our relationship with the Hopkins may become more prosperous with time, and perhaps in the not too distant future the way may be open not only for consultants, but for registrars and housemen to benefit from the system. Certainly the results would more than balance the organization and finance involved.

The appointment of Mr. Hedley Atkins, director of the department of Surgery, as Professor of Surgery at Guy's has been widely expected, and will be even more widely appreciated. We join in offering our warm congratulations.

Mr. Atkins is at present in Australia as Sims' Commonwealth Travelling Professor. When he returns we hope to give some details of the changes that will ensue from the creation of a chair of Surgery at Guy's.

The second issue of *The Prescribers Journal* shows some useful changes from the first. At the end of each review there comes as "editorial comment" a series of definite recommendations whose virtue is that they are dogmatic. The comment on the tetracycline group comes out firmly in favour of tetracycline rather than chlor or oxy-tetracycline for routine use. It advises against the routine concurrent prescription of vitamins for short courses of tetracyclines, and then goes on to print a black list of combined preparations which it advises against. This dogmatic editorial approach is just what was wanted, and could make it a most influential and useful journal.

The layout and presentation particularly of the editorial comment is unattractive and should be more forcefully presented. However, this issue is such an improvement on the first that if the rate of improvement continues, *The Prescribers Journal* has a great chance of fighting its way out of the wastepaper baskets full of pharmaceutical literature.

They have built a wooden house in the Park by Hunt's House to protect the workmen from the distractions of a certain *portable radio* which is placed regularly by its owner less than ten yards from the open windows of the Wills Library every warm afternoon.

IN BRIEF:

Professor Polani and Dr. R. MacKeith will be among the speakers at a meeting of the Mental Health Committee of the British Paediatric Association on Paediatrics and Psychiatry.

Guy's nurses beat the Central Middlesex Hospital in the second round of the *Nursing Times* Tennis Tournament.

We hear that rooms at Thatchings' are much in demand at present, and we remind those who intend to visit it this summer to book early.

GUY'S DIARY

JULY Surgical Exhibition *Head Injuries ?*

3rd	M	1.00	Mr. Tomkinson. *Contraception.*
4th	T	1.00	Mr. Eckhoff. *Hand Injuries.*
8th	S	10 a.m.	Professor R. Shackman (Hammersmith Postgraduate School). Surgical Round.
10th	M	1.00	Mr. Salmon. *Menieres Disease : 1861-1961.*
11th	T	1.00	Mr. Blackburn. *Carcinoma of the Thyroid.*
13th	Th	1.00	Dr. Hoare.
14th	F	1.00	Dr. Houston.
17th	M	1.00	Dr. Vale. *Artificial Ventilation of the Lungs.*
22nd	S	10 a.m.	Clinico-Pathological Meeting in the Clinical Theatre.

NOTICES

MENTAL HEALTH RESEARCH FUND

STUDENT PRIZES AND TRAVELLING FELLOWSHIP IN PSYCHIATRY

The Mental Health Research Fund awards annually to **Medical Students and Doctors in their Pre-Registration Year** three **Monetary Prizes** and a **Travelling Fellowship** as the result of an essay competition on a subject relating to mental health, and a subsequent interview.

Applicants gaining the top three places in the essay competition will be given **prizes** of **£100, £50** and **£25** respectively.

The **Travelling Fellowship,** tenable in a Psychiatric or other Department abroad for up to six months, will be awarded as the result of an interview combined with consideration of the candidate's undergraduate record. Persons interviewed will be chosen from the top ten in the essay competition. The travelling fellowship will normally be taken up at the end of the pre-registration year or, in the event of it being awarded to a medical student, may be taken up after qualification.

The Subject for the essay this year is " *Discuss the Role that Parental Attitudes Play in Shaping the Personality of the Child* ".

The Panel of Examiners consists of two members of the Research Committee of the Mental Health Research Fund and one member of the Association of Teachers of Psychiatry in Undergraduate Medical Schools.

Essays should be sent, **before 1st March, 1962,** to the Secretary, Research Committee, Mental Health Research Fund, 39 Queen Anne Street, London, W.1. (Tel. WELbeck 1272), from whom further details may be obtained.

Fifty Years Ago

Passim, 8th July, 1911.

A letter was received from the mother of a patient with a cleft palate :

" 'Dear Madam i rite to let you know we have mouved to another place, and to ask you it is time to bring Arthur Henry up as he gets worster drinking then ever and he is two years hold and runs all over the place and i thought it was time to bring him up as i think if he gets holder it will be worser for him.

Yours truly,

Mrs. H————.'

Arthur Henry is not a solitary suffer, getting 'holder' is 'worser' for a good many of us."

GUY'S IN THE MISSION FIELD

Members of the Christian Union are to be congratulated on their enterprise in staging the exhibition "Guy's in the Mission Field". Twenty-nine men and women trained at Guy's are known to be working as missionary doctors or nurses, and no doubt there are others—from whom we should like to hear. The Exhibition, set up in the Quiet Games Room, lasted two days and was well patronised. It was arranged to illustrate the evangelistic and medical work of the church all over the world, especially in those countries where Guy's missionaries are stationed. The photographs were mostly very good; there were films and colour transparencies and the usual prodigal amount of free literature. The display of foreign curios, inevitable on these occasions, conveyed the genuine atmosphere of the parish hall. There was a satisfactory absence of brash propaganda such as often (we think) mars these efforts and repels rather than attracts the interested outsider whom we really want on our side. (There was a disastrous pregnant donkey lately in the Colonnade for days as an advertisement for Practical Christianity.) But the CU did a good job. There is small value in the light which is too feeble to shine clear in the darkness or the salt which has so lost its savour that it can no longer season and preserve a world going bad for lack of it.

* * * *

SYMPOSIUM ON HOMOSEXUALITY

A further sign of Christian vitality was a first rate meeting arranged in the Physiology Theatre by the Medical Group of the Student Christian Movement. The title was "Symposium on Homosexuality" ; the speakers Dr. D. J. West, Assistant Director of Research, Institute of Criminology, Cambridge, and the Rev. Dr. Sherwin Bailey, formerly Secretary of the Moral Welfare Council. Dr. West drew a distinction between pathological homosexuals and persons who temporarily behave in a homosexual way, and he stressed that many true homosexuals have the strength of will to control their desires just as heterosexuals have. Dr. Sherwin Bailey spoke as a moralist and historian. A man-dominated society he said inevitably sets up violent prejudice against a man who treats another man as a woman, and against a man who permits himself to be so used. The story of Sodom haunts our thinking, yet for many centuries it carried no sexual connotation; the sin was quite generally disobedience of God's law. In discussion it was agreed that peers, lawyers and school teachers need enlightening as much as the public generally. It was also evident that commonplace theological concepts such as a Natural Law are outside the ken of some medical students at least. Once upon a time Chaplains used to lecture on such things. S.C.M. will be serving its purpose if it makes us all aware that there are more things in heaven and earth than are dreamed of in most of our straitened philosophies.

A.J.M.S.

OBITER DICTA

'It is terribly important not to throw a child into the waste-paper basket.'

Professor Bordley, *visiting Professor of Otorhinolaryngology, John Hopkins Hospital.*

'I've known patients go into pulmonary oedema when Sir Russell enters the ward.'—*Dr. Baker.*

HYPOTHERMIA

by John Sedgewick

PEMBURY PRIZE

A synopsis of a prize-winning paper read to the Guy's Hospital Physiological Society on 19th January, 1961

In this paper the following aspects of Hypothermia were discussed.

1. Definition and History of research into Hypothermia.
2. Physiological effects of Hypothermia on :—
    a) Respiratory System.
    b) Cardio-vascular System.
    c) Central Nervous System.
    d) Specific Organs.
    e) Physiological functions.
3. Methods of Induction of Hypothermia mentioning advantages and disadvantages.
4. Surgical application of Induced Hypothermia.
5. Importance of reliable Temperature Index of the body and Specific Organs.

The term Mild Hypothermia is usually employed to mean a state in which the body temperature is lowered substantially below the normal, perhaps a minimum of 2-3°c below the lowest temperature generally encountered in the particular species.

The first reported investigation into the effects of body cooling was made in the 18th Century by Dr. James Currie, an eminent Liverpool surgeon who, whilst enquiring into the cause of death of shipwrecked mariners in the River Mersey, immersed conscious human volunteers in water at 9-10°c and observed their temperatures and pulse rates. He discovered that as their oral temperatures fell there was a reduction in pulse rate. In these experiments he also found that a further drop occurred in oral temperature on removal of the subject from cold water. A fall in mouth temperature also occurring if the chilled victim was immersed in water at about the normal body temperature.

About 50 years later Claude Bernard found that guinea pigs could be cooled to body temperatures of 18-20°c and subsequently rewarmed. Further investigations on animals took place and in 1862 Walther showed that rabbits could be cooled to 18°c and then successfully rewarmed; however, at this temperature they were not capable of supplying enough heat to rewarm themselves, and if left in a cool environment their temperatures fell still more until death occurred at about 9°c. In 1881 Hovarth discovered that hibernating animals could be re-warmed from temperatures close to 0°c, with survival, whereas non-hibernators failed to recover from temperatures below 18°c. In these early experiments little or no evidence came to light regarding the cause of death in the animals, who failed to survive.

It was not until 1938 that enquiry was directed into the detailed

physiological consequences of body cooling. In 1940 Temple Fay and G. W. Smith published the results of their work on patients with inoperable cancer. He had cooled these patients in the hope that the lowered temperature would affect the new growth more than the rest of the body. This clinical work was complemented by the physiological studies of D. B. Dill and W. H. Forbes on Hypothermic patients. During the second world war Hypothermia became important as a complication of survival at sea. Shipwrecked survivors rescued after prolonged immersion frequently died because of their lowered body temperature. Much work on the effects of body cooling was thus stimulated, with the emphasis on the treatment of Hypothermia rather than on its clinical use. After the war A. H. Hegnauer and his associates at Boston started a systematic investigation of the physiology of Hypothermia in a dog and at the same time W. G. Bigelow began his work at Toronto with a definite clinical object in view, the possibility of using Hypothermia as a tool of surgery.

Hypothermia has been introduced into surgical practice primarily to protect tissues from the effects of temporary deprivation of their circulation. The advantage being due to the reduction in tissue metabolism and the consequent falling oxygen demand occasioned by the lowered temperature. This idea though simple in theory has many practical difficulties because of the other physiological events which accompany body cooling. Both the anaesthetic dose required and its rate of breakdown alter as the body temperature falls and the reflexes ordinarily used to assess the depth of anaesthesia are profoundly altered in Hypothermia. Thus to the management of these cases a new set of rules apply and the only way that they can be appreciated is by a detailed study of the physiology of the individual organs and of the body as a whole, under the conditions of body cooling.

Since the value of the clinical use of Hypothermia lies in the reduction in the oxygen requirement of the living tissues as the temperature falls, the extent of this reduction in requirement, at any given temperature and the further associated changes in metabolism have occasioned considerable interest. The original idea was that the oxygen consumption fell in a linear fashion with body temperature; however, recent studies suggest that it is not a linear fall at all, but an exponential one. There is a reduction of 50% in oxygen consumption at 28°c. More important than the oxygen consumption is the availability of oxygen to the tissues, regardless of their requirement. The reasons for the reduction in the availability of oxygen may be :—

1. Vasoconstriction.
2. Fall in cardiac output.
3. Shifts in the oxygen dissociation curve.
4. Cell enzyme disturbances.

During Surgical Hypothermia both the ventilation of the lungs and the gas content inspired can be controlled and the evidence available suggests that although the blood flow is reduced by cooling there is an adequate circulation in the tissues for oxygen transport. The oxygen dissociation curve, however, shifts to the left, the extent of the shift during cooling depends on the changes in the temperature

and *p*H that occur. This shift to the left of the oxygen dissociation curve means that the oxyhaemoglobin dissociates less readily, and that there is more oxygen dissolved in the plasma at any given tension. If carbon dioxide is administered the shift may be lessened, the advisability of doing this is held in some doubt. The reaction of the tissues of the body to anoxia varies according to their oxygen requirement. Thus the cerebral cortex and the cardiac conducting tissue are very sensitive to oxygen lack.

The cerebral oxygen consumption and flow fall linearly but the cerebral arterial-venous difference remains constant and therefore there is no oxygen debt. The oxygen consumption of the heart varies with the work done by the myocardium. Perfusion experiments have shown that provided arterial pressure is maintained coronary flow will be adequate and myocardial oxygenation satisfactory. Myocardial oxygen consumption is greatly reduced in cardiac standstill and this is the basis of various techniques used in open heart surgery. The duration of safety of this manoeuvre being increased by Hypothermia. The heart rate falls due to the effect of the lowered temperature on the pacemaker.

There are interesting differences between the effect of vagal slowing of the heart and Hypothermia slowing of the heart. This experiment was done on a dog at 37°C and whose heart rate was 170/min., systole occupying just over half the cardiac cycle. The result of vagal stimulation was that the heart rate slowed to 50/min. and the duration of the cardiac cycle was increased three times; the period of inactivity was also greatly lengthened. The dog's heart was then slowed to the same extent by cooling to 23°C, the cardiac cycle was lengthened by the same amount as in vagal stimulation but whereas in the case of vagal stimulation the systolic period was prolonged by 50%, and the isometric relaxation place remained unchanged, with Hypothermia the duration of systole and isometric relaxation was increased by 250%. The effects on the heart during cooling are a decrease in coronary blood flow and cardiac output.

The stroke volume varies with temperature in a manner dependent on the depth of anaesthesia, thus under light anaesthesia and cooled to 20°C the stroke volume increases. The limiting factor in clinical Hypothermia is the occurrence of ventricular fibrillation at temperatures below 29°C. It has been found that the excitability of the ventricle depends upon factors other than the *direct* effect of lowered temperature. These other factors include the *p*H and carbon dioxide level of the arterial blood and the blood electrolyte concentration. In Surgical Hypothermia the type of anaesthesia *may* be important, Thiopentone being associated with the lowest incidence of fibrillation.

Body cooling is frequently used in man when the aorta must be clamped for considerable time as for example in the substitution of a plastic prothesis for an aneurysm. Following any form of circulating arrest there is a re-establishment of the blood supply an increase in the blood flow—reactive hyperaemia. When the period of circulatory arrest is short the extent of the hyperaemia can be reduced by cooling the limit to 25°C, however, when the vascular occlusion exceeds 30 mins. the vaso dilatation which accompanies the restoration of the circulation is *not* affected by body cooling.

The significance of the hyperaemia distal to the clamp lies in the relatively large volume of blood which can be accommodated in the grossly dilated hind quarter vascular bed. When this bed is being filled there may be a pooling of several pints of blood, this will lead to a reduced venous return, a fall in cardiac output and arterial blood pressure, and ventricular fibrillation due to poor coronary blood flow. Because no real protection against hyperaemia is afforded by body cooling, some mechanical device has to be used to control the refilling of the vascular bed.

Hypothermia also causes certain physico-chemical changes in some of the ionic constituents of the body fluids and this alters their acid-base balance and reduces the buffer capacity of the blood. In addition hypothermia reduces alveolar ventilation and the kidneys' ability to regulate metabolic acid-base problems. Thus Hypothermia both creates acid-base problems and at the same time reduces the ability of the regulating organs to maintain homeostasis.

The *p*H of the blood depends upon the ratio of buffer anions to the acidic form of the buffer.

The relationship of *p*H to the ratio of buffer anion and buffer acid is expressed in mathematical form by the Henderson Hasselbach equation. When blood is cooled the ionization of all the buffer anions is reduced and the blood becomes more alkaline. However, this alkaline state is compensated by the fact that CO_2 is considerably more soluble in blood at lower temperatures. Thus the carbonic acid concentration is increased.

This compensated state of blood *p*H is associated with a significant reduction in the total buffer capacity of the body fluids because efficient buffers such as haemoglobin and plasma proteins have been reduced in favour of an increase in the carbonic acid-bicarbonate buffer which is relatively inefficient at the usuals levels of *p*H. This means that the addition of acid or alkali will lead to greater changes in *p*H at 28°C than at 38°C. Another factor that is important in the regulation of the acid-base balance is the excessive production of metabolic acids during hypothermia.

Since cooling reduces the rate of metabolism of these acids there is a danger of excessive accumulation if the rate of production exceeds the rate of removal. The situation is further aggravated by the fact that hypothermia reduces the blood flow to the liver, which is an important site of organic acid metabolism, but its function is easily impaired by circulatory changes.

The kidneys also normally play an important role in the body's acid-base pattern. During general anaesthesia this regulatory function of the kidneys is reduced and hypothermia reduces them still further to the stages when they are of not quantitative importance in the homeostasis of acid-base balance.

A low *p*H whether respiratory or metabolic in origin is thought to impair the action of the heart and render it more susceptible to irregularities. Also a low blood *p*H may be directly responsible for serious hypotension and death in so-called "irreversible shock".

The central nervous system is also affected by body cooling. There is no rigid temperature level at which physiological response will cease or re-appear.

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However, the work of Fay and his associates shows that in Man amnesia usually occurs at 34°C and that dysarthria ensues between 30 and 40°C. At 27°C response to verbal commands and spontaneous movements are lost.

These responses and the level of cessation will vary with premedication and the depth of anaesthesia used to induce Hypothermia. An unpleasant consequence of cooling on the central nervous system was found by Noell and his associates, who reported that there was a reduction in the threshold for the initiation of epileptic convulsions particularly at temperatures below 30°C. In contrast to this hyperactivity reported by Noell are the findings of Cohn and Rossonoff on the electrical response of the visual system to photic stimulation. The results of the experiments brought the conclusion that there is a progressive diminution in the responsiveness of the whole visual system to a simple physiological stimulus. Hypothermia also protects the central nervous system from the effects of anoxia.

At 37°C the brain circulation may, without gross irreparable damage, be occluded for 3 minutes.

At 25°C this safe limit is extended to 15 minutes, which appears to be the upper limit possible.

Also if the aorta is clamped, thus cutting off the cerebral blood flow, for an hour a considerable incidence of paraplegia is to be expected, this incidence is reduced by cooling the cord below 30°C. Perhaps the most striking demonstration of the protective effect of hypothermia against damage to the brain by interference with its arterial supply is afforded by the experiments in which the middle cerebral artery of a dog was ligated with and without the use of brain cooling. A segment from its origin to the 1st major cortical bifurcation was resected. In animals at *normal* body temperature the postoperative effects were gross infarcts and clinical hemiplegia.

In the other animals cooling was started within 15 minutes of the occlusion and temperatures was lowered to 24°C in 90 minutes. In the subsequent re-warming these were very small infarcts and no clinical hemiplegia. If the cooling was delayed by 15 minutes then the severity of the lesions was increased. It appears that the tissue metabolic demand can be kept down, by cooling, to a level which prevents all damage, until a sufficient collateral circulation is established to maintain the deprived area.

If afferent nerve fibres are cooled it is found that they have a higher threshold for stimulation and the action potentials evoked are increased in amplitude and duration. The afferent volleys in the sensory root are poorly synchronized. These two effects of cooling on the afferent discharge lead to an enhanced central response. In addition to this, certain afferent stimuli which at 37°C give a monosynaptic response tend to spread and give rise to ponysynaptic responses. Therefore, although the afferent fibres may require greater stimulation, the central response and afferent discharge which follows their firing, may be more vigorous, widespread and less discrete than would occur in the warm animal.

The central nervous system appears to tolerate severe cooling and even freezing for limited periods of time and recover. However, there are subtle changes which are not understood.

In the investigation of the physiological and biochemical changes that occur during cooling, the method of induction of hypothermia is often that of surface cooling. This technique utilizes the skin and subcutaneous tissues as a natural heat exchanger. For efficient heat exchange it is necessary to maintain the peripheral circulation in the presence of an adequate temperature gradient between the blood and skin surface. Hence, it is necessary to dull the natural defence reactions of the body to cold, in order to promote peripheral heat exchange and to prevent the increased metabolism and heat production due to the muscular contractions of shivering. Two prime essentials necessary for the induction of hypothermia by surface cooling are (1) adequate peripheral vasodilatation and (2) complete abolition of shivering. The efficiency of this method will vary from subject to subject, depending on the extent of the superficial heat insulation by fat and hair. The amount of heat required to be removed from the body in order to lower the body temperature will depend on the metabolic rate. The immersion of the body in iced water is the most rapid of the surface cooling techniques since the largest area of the body's surface is in direct contact with the cold environment. Other methods are used, they include spraying with cold water and refrigerated blankets.

Another method of body cooling is by cooling the blood directly. The basis of this method is that the blood is removed from the body passed through a cooling unit and returned to the body in a cooled state. At its simplest, blood can be removed by cannulating the femoral artery and the systemic pressure is sufficient to drive the blood through the cooling coil and back by another cannula into a suitable vein. The advantages of this latter method are its speed and easy control.

In *all* operations under hypothermia, it is essential to have a reliable index of the temperature of the body and the individual organs.

During body cooling there are considerable differences in temperature between one part of the body and another for example the rectal temperature may be as much as 3°C higher than the mid-oesophageal temperature. In considering the factors that influence the rate at which body temperature falls the body can be considered as a "core" and a "shell". The essential feature of this idea is that the intra-abdominal, intrathoracic, and intracranial contents are maintained at a constant temperature, whereas the limbs and the surface layers of the trunk can exhibit wide variations in temperature. The best theoretical approach to temperature measurement would be to insert a recording device into the organ whose temperature must be known accurately. This is usually impracticable and in the case of the heart, would be likely to induce ventricular fibrillation. In order that a reliable index of the internal body temperature can be obtained the experiments have made use of nearly every orifice in the human body open to man, and they have found that the midoesophageal temperature is a reliable indication of the temperature of the heart, whilst the naso-pharyngeal temperature is used for ascertaining the temperature of the brain.

When carrying out an operation or experiment under hypothermic conditions one should use the minimum number and quantity of drugs because hypothermia profoundly modifies their action. It impedes the breakdown and delays their excretion. The effect of this delay in breakdown and excretion is too potentiate these and so, as hypothermia progresses, less and less anaesthetic or drug is required. Anaesthesia should be light, give good muscular relaxation, and enhance peripheral vasodilation. Ether and D. tubocurarine have been used with success. Thiopentone has been used for induction followed by nitrous oxide and oxygen plus tubo-curarine for good muscular relaxation. Chlorpromazine is a very good pre-medicant since it is a very powerful vasodilator. It suppresses shivering and is a central sedative.

A consequence of the altered physiological state of the body under hypothermic conditions is to render some anaesthetic and surgical manoeuvres which are quite safe at normal body temperature, somewhat hazardous. For example, if during the course of an operation under hypothermia a large blood transfusion becomes necessary, the use of stored citrated blood may lead to serious difficulties. Citrated blood stored for a week or more has a *p*H of 6.4-6.8 and the potassium level in the plasma may be at least 8 m Eq./L. The citrate content is sufficiently high to inactivate a large proportion of free calcium ions in the blood, and this in association with the excess of potassium and hydrogen ions provide the conditions under which cardiac arrhythmia's develop. Another example is the danger of using intravenous glucose saline at low temperatures. Wynn has demonstrated that there is in man a failure in removal of glucose from extra-cellular water. The result of a steadily mounting glucose level in the blood is a marked rise in plasma osmolarity and this leads to a shift of water into the plasma and extracellular spaces with undesirable changes in the blood electrolytes.

Because liver function slows down during cooling, the use of drugs demands some care. Morphine which is conjugated and detoxified in the liver has its half life prolonged from 3-4 minutes at 37°C to 94 minutes at 24°C. An impairment in the destruction of barbiturates of the same order also occurs. The possibility exists that substances such as noradrenaline and curarizing agents could lie undestroyed in areas of vascular stasis. The effect of their release into the general circulation during rewarming might be of some consequence.

Hypothermia is not just limited to surgery. In an article in the *Sunday Times*, their medical correspondent described a method of saving apparently stillborn babies by applying the principal of hypothermia. This reduces the oxygen needs of the body and prolongs the crucial 4 minutes in which organs can be deprived of oxygen without becoming irrevocably damaged. Professor Wastin and Dr. Nyberg, of Stockholm, claim that babies who fail to breathe at birth but are normal in other respects can be brought to life after being immersed in water cooled to 25°C.

Also in the *New England Journal of Medicine* of the 5th January this year there is the report of a case of lightning stroke in which hypothermia was employed. A 10 year old boy who was struck by

lightning was brought to hospital 22 minutes later—apparently dead. Immediately after the accident a pulse was apparently felt and he had a brief period of normal respiration. He had no respiratory assistance for some 13 minutes before being brought to the hospital. The pupils were dilated, the chest wall did not bleed when a thoracotomy was performed and the heart was at a standstill. Cardiac massage and adrenaline started cardiac contractions and artificial respiration was maintained for 3 days.

Hypothermia was commenced at once. The patient was comatose for 6 days and had convulsions, but his ultimate recovery has been almost complete except for a slight nasality of speech. The article ends by saying that "It is believed that the immediate institution of hypothermia played a part in the ultimate recovery."

CORRESPONDENCE

Letters to the Editor of the Gazette

National Health Dentistry

SIR,—That Mr. Stalford should be happy working in National health Dentistry, and that he should find the Dental Estimates Board to be tolerant and helpful is wholly commendable, as the other contracting parties cannot fail to benefit, namely the patient and the taxpayer who foots the bill, the latter naturally wanting to see his money wisely spent.

His working week, the profits derived therefrom, and his intention to work half time at age 55 also seem attractive and doubtless will be of interest to the Dental Rates Committee now considering what lifetime working conditions should be envisaged for dentists having regard to the incomes now, and likely to be, earned in the future.

Quite obviously State Practice is here to stay, less than half a million in a population of over fifty million have taxable incomes over £2,000 a year, so only a small proportion will have liberty to seek out private treatment if they so desire, but if they do so desire it would be unworthy to discourage dental students, conscious of above average ability, and anxious to practise as they wish, from serving the minority.

Much will be demanded of him, his patients will, in the main, be exacting, as they have every right to be, but they will also be sufficiently realistic to know what exacting demands can only be met by men of the highest calibre and the particular labourer chosen will be worthy of his hire.

I admit to being baffled by Mr. Stalford's mention that "one's integrity can be bought" as if this was in any sense dishonourable: private patients can, and do, select dentists for their integrity and skill and pay willingly for both, and this is the basis which brings as much content and reward to the private practitioner as has been secured by Mr. Stalford.

Naturally private practice will remain as long as, for instance, freedom to educate one's children how one wishes, and it is my hope that students should be attracted to this type of professional work as much by the unique satisfaction it gives as by the rewards secured, as nothing could be worse than for the latter to be the paramount objective.

Mr. Lux and Mr. Stalford are perhaps at cross purposes because they are trying to compare two ways of life that are wholly incomparable, one a wholly personal relation between patient and dentist, the other a five-fold one between patient, dentist, Dental Estimates Board, the Government and the taxpayer : both will clearly continue to exist and the need for mutual regard is essential if the unity and prestige of the dental profession is to be maintained.

Yours etc.,

8, Lower Sloane Street, S.W.1. ROBERT CUTLER.

SIR,—I would not regard it as good for the profession if a young practitioner were to view treatment in terms of so much profit in this item and so much in that item. We are not sellers of merchandise and the scale of fees, whatever its limitations, was devised to provide reasonable, overall remuneration for good, all-round work.

The scheme is not without its defects and we should be honest enough to recognise that it provides secure conditions for poor and inferior work as well as the other kind. And, surely, it would be neglectful if the Board did not take steps to amend this default ?

On a personal note I can say that I have never felt compelled to lower my standards, and I have certainly never provided any kind of inferior materials. My preference in full dentures, for example, leads me to supply a vulcanite lower, plastic upper and a high-grade porcelain for the anteriors. If this appears an unwarranted sacrifice to Mr. Lux, I can assure him it has never appreciably affected my sur-tax account.

New practitioners need not heed the hackneyed gibe about becoming glorified civil servants. The dentist is free to refuse any patient, and if he completely disagrees with the Board about a particular form of treatment (this has happened to me only three times !) he is still able to provide such treatment but forego the fee—a very small price for one's independence !

I cannot claim that my skill is equal to the best in the land—it is no more than average. But I can claim never to have seen any example of dentistry that could not have been carried out under the general conditions of the National Health Service and I fully agree with Mr. Boswell that there is no ethically sound argument for providing two standards of treatment—one for Mr. Big-Purse and one for the rest !

My support for the Service is not one of unqualified admiration. It has defects and anomalies. It does, however, insulate the profession, to a large extent, from the ethics of a speculator society, and it provides unlimited scope to those who see dentistry as a public service with the opportunity to develop one's craft, and not merely as a stepping stone to a line of Jaguars !

Yours etc.,

Carlton, Bonehurst Road,
Horley, Surrey.

D. D. STALFORD.

Flag Sellers

SIR,—The British Empire Cancer Campaign Flag Day is on Tuesday, 18th July, a depot at Guy's is to continue, based on the Nurse's Home. Volunteers to sell flags on London Bridge and in the neighbouring parts of Guy's are badly needed—would any one who feels that they can volunteer to help between 8 a.m.—2 p.m. or for even a small part of this time, please be kind enough to write to me, if possible before 10th July and stating for how long they would be available. Help from anybody who is, or has been at Guy's would be most welcome.

Yours etc.,

107, Harley Street, W.1.

ELIZABETH CLARKSON.

East Anglian Guy's Dinner

SIR,—At an informal Meeting of the under-signed Guy's men, it was decided to revive the East Anglian Guy's Dinner, and tentative plans have been made to hold a Dinner in late October, 1961, at Bury St. Edmunds.

Will all old Guy's men living in Norfolk, Suffolk, Cambridgeshire and the Colchester-Chelmsford area of Essex, who would be interested, please write to Dr. A. Batty Shaw, 41, Newmarket Road, Norwich.

Yours etc.,

D. J. P. O'MEARA, Bury St. Edmunds,
WINDSOR LEWIS, Cambridge,
J. S. STUART, Hethersett,
R. U. F. KYNASTON, Stowmarket,
H. A. RIPMAN, Ipswich,
A. BATTY SHAW, Norwich.

41, Newmarket Road,
Norwich, Nor 22D.

Medicos Look At . . .

Since his portrait of the Queen was shown in 1955, the general public have acclaimed Pietro Annigoni as a great portraitist. His exhibition of paintings at the F.B.A. galleries will probably make this public a little more wary in their praise. His royal portraits are undoubtedly the kindest he has done and in his other works their is a constant, unmistakable, unpleasant trait. The first impression is one of discomfort as though we are being told some previously well hidden secret of the subject's life. If this is so and the portraits are true, then Annigoni must be admired for his integrity, but if they are false, then we may ask what he is trying to tell us. In portraits, as much as in any other form of art, the artist's message—if we are allowed to use this word nowadays—may be searched for. Is then Annigoni showing us a tragic distrust of people in general, of rich people in particular or of something of much wider significance ? Our discomfort is only increased when we look at "The Inquisitor", who is surely just a benign old man, and "The Witch", who has only desire and not design in her eyes. The portraits, however, do not repel but are in fact intensely compelling. Each one demands attention and tells us so much that we cannot understand.

The few landscapes and less personal paintings can only be accepted as interludes both for artist and onlooker. They show us the freedom of the use of colour and form obtained only by mastery of these media of expression. One of these, however, a large dominaing canvas called "Life", is a profoundly allegorical and profoundly difficult statement. The calculated horror of Dali is found together with the manicism of Breughel and it seems in all aspects to be the very negation of its title.

Before leaving the exhibition a short, descriptive but unexplanatory film about Annigoni may be seen. There is also a collection of paintings by some of his students.

At the Redfern gallery there are two exhibitions of abstract art which contrast both in conception and execution. Rodrigo Moynihan shows us a mature and powerful pure abstract whilst Anne Norwich, in her first abstract exhibition, demonstrates the complete opposite.

Moynihan's pictures suggest that they are pre-conceived only in essentials of colour and form and that all details have been acquired by experiment and development upon the canvas itself. The result is a fluid and vital one, having respect for balance of shape and hue, although occasionally there is found the confusion of the action painter. Low value reds and blues, of high chroma, predominate in the larger pictures giving them great authority but there is an unfortunate prune colour which makes its appearance unpleasantly often. In his smaller exhibits his use of colour is more gentle and these sensitive abstracts have more immediate appeal than their big brothers.

In the spoken language the words "beauty" and "power" suggest subjects which may be described as beautiful or powerful rather than images of isolated beauty or isolated power. Moynihan attempts to

give us the meaning of these and other words in their pure and dissociated form. By interactions of form and colour he shows us these ideas by a method of equivalence. His success is not complete but is great enough to make his canvasses understandable and acceptable.

Anne Norwich's work is an immediate and obvious contrast. Her pictures are pre-conceived and the actual execution of them is only the indication that a decision has been reached and is not the means whereby the picture grows. Unfortunately she has attempted to be representational thus destroying the aim of abstract art. Also she seems to have a pathological desire to show us black squares and rectangles. In the majority of her paintings these large unbalanced quadrilaterals, loitering on the canvas, stare out like empty eyes. In contrast with these strong incidents her backgrounds are weak in both composition and colour and are often unimaginative and messy. One picture, however, one of the few pure abstracts, called "Composition with grey square" is an excellent article of balance and peace and leads us to hope for good abstract painting from this artist in the future.

REVIEWS

Scientific Aspects of Neurology. Edited by HUGH GARLAND. E. & S. Livingstone Ltd. 264 pp. *Price* £2 10*s*. 0*d*.

This book presents twenty lectures recently delivered at the Leeds Neurological Sciences Colloquium. Neurologists predominate among the lecturers, but neurosurgeons, psychiatrists, neuropathologists and other scientists find a place. The names of the contributors guarantee a lucid and readable text.

Outstanding presentations of classical neurological problems are those by Sir Francis Walshe (on the origin of the pyramidal tract), Professor O. L. Zangwill (on asymmetry of cerebral hemisphere function), Sir Geoffrey Jefferson (on the applied physiology of sleep) and Sir Charles Symonds (on the facilitation or arrest of epileptic seizures). Anyone with an interest in neurology will find these articles fascinating.

There are three discussions of demyelinating diseases. Professor C. E. Lumsden describes recent advances in speculation about the pathogenesis of multiple sclerosis. Henry Miller gives a comparable presentation of leucoencephalitis, and Ludo van Bogaert describes some bizarre clinical presentations of multiple sclerosis.

Three authors consider vascular diseases. Denis Williams describes the variety of clinical pictures that may be associated with reduced flow in the basilar artery. It is remarkable that these comparatively common syndromes have been recognised only within the last fifteen years. Wylie McKissock presents the final results of his controlled trial of surgical and conservative methods in the treatment of ruptured intracranial aneurysms. J. W. D. Bull describes his work on the radiology of strokes, work which has not merely established the place of radiology in the investigation of cerebrovascular accidents but has shed much new light on their nature.

The illustrations are excellent: especially remarkable are Denis Harriman's colour pictures of motor end-plates stained with intravital methylene blue.

This book will stimulate and aid everyone concerned with neurological patients—general physicians, neurologists and pathologists alike.

B.S.M.

Aids to Psychiatry. By DAWSON AND ANDERSON. Baillière Tindall & Cox. Pp. 310. *Price* 12*s.* 6*d.*

The eighth edition of *Aids to Psychiatry* has been revised by Professor Anderson. It is a book designed to provide an up-to-date account of psychiatry not only for medical students but also for social workers, student mental nurses, occupational therapists and even candidates in the second part of the D.P.M. Probably the greatest change in the present edition is the omission of the chapter on normal psychology and the expansion of the one on psychopathology.

Obviously when so much has been put into such a small space the author has at times to be dogmatic and, therefore, the reader may disagree with certain passages—for example the use of I.M. paraldehyde in the disturbed patient. However it is more important to assess the book as a whole and to question whether or not it achieves its purpose. There can be no doubt that this book contains more psychiatric teaching than most books of its size and the authors are to be praised for making it so readable. Its price too is also very much in its favour. It can be recommended to all who are interested in psychiatry and who are looking for for a book that contains more than the bare essentials of the subject.

M.DEG.

Medical Terminology for Radiographers. By PAUL M. DAVIES. Published by Heinemann. *Price* 15*s.*

This useful concise reference book of 240 pages is a welcome addition to the very few books written especially for Radiographers. The contents are stated in one of the first pages, and the manner in which this is carried out, especially under the systematic arrangement, makes it easy and quick to obtain information. Clearly, the reader is meant to use it not only as a reference book, but as a stimulant to further reading, for medical, surgical and radiological publications are listed at the end of each section.

The publishers are to be congratulated on producing an attractive, easily-handled book of high quality at a very reasonable price, and qualified radiographers and students are recommended to obtain one for themselves, or have copies available in departments or libraries. The understanding of the nature of the medical conditions of patients under examination or treatment, enables requests to be carried out with interest and, therefore, more efficiency, and, although it is primarily for radiographers, this book is equally valuable to physiotherapists, medical photographers and others engaged in skilled technical assistance to medicine or surgery.

B.M.R.

The Cockroach (*Periplaneta americana, L.*). An Introduction to Entomology for students of Science and Medicine. By EWEN CAMERON, Ph.D., D.Sc. William Heinemann, Medical Books Ltd., London 1961, pp. 111. *Price* 15*s.* net.

This attractively produced book will be of use primarily to those who need to bring their knowledge of this insect up-to-date and to whom the many practical hints (on methods of observing live specimens, and making preparations to show the beating of the heart, the spontaneous movements of the Malpighian tubules and the peristalsis of the gut) will be of value. In other words of use to those who, not being entomologists, are called upon to teach the anatomy and physiology of the cockroach to elementary students in schools and colleges.

However, from the sub-title it would appear that the book was not intended for biology teachers only. It is unlikely to commend itself to medical students for in several aspects it goes beyond their needs (as in the introduction to the study of wing venation), and science students may well be disappointed, for while such subjects as insect embryology and the lesser known sense organs are written of, the illustration of these more advanced topics is inadequate. The list of references to recent papers is welcome.

To the biology teacher this book will undoubtedly be useful. A reconsideration of (a) what is "elementary" and so suitable for an "introduction" and (b) the illustrations (some of which are clear, and some are decidedly not) would commend a second edition to a wider public.

G.E.H.F.

A Synopsis of Children's Diseases. Third Edition, 1961. By J. RENDLE-SHORT. J. Wright & Sons Ltd., Bristol. *Price* 42*s.*

This new edition is issued in the usual precise format of the Synopsis series. The author has catalogued and presented the symptoms and signs of the disorders occurring during childhood.

He has allocated, and rightly so, more space to the common ailments; yet many of the rarer syndromes are briefly mentioned.

This book is reasonably up-to-date for rapid revision with footnotes suggesting further reading.

The book is divided into main parts, viz : I.—The Healthy Child ; II.—The Sick Child.

Why does the author discuss the management of the normal newborn in Part II when surely this should be included in the part dealing with the healthy child? The book is well written and easily read with but few obvious errors.

Discussing rubella on p. 28 the words month and trimester are confused.

Many modern authors would disagree with the statement that chemotherapy is of little value in uncomplicated cases of Primary Tuberculosis. The tendency seems to be that by treating positive "converters" even before Primary Tuberculosis is evident one can materially decrease the incidence of post-primary Tuberculosis.

Catherisation of the infant female is suggested when a specimen of urine is required; in most cases a satisfactory specimen can be obtained by adequate perineal toilet with or without a "colostomy" bag. This avoids the hazards of introducing the catheter into the bladder.

The appendix "Dosage of Drugs" is well arranged and most useful. The suggested dosage of Chloramphenicol in the newborn is far too high in the newborn period and may well produce "the grey syndrome". No mention is made of Nalorphine Hydro-bromide (B.P.) in the appendix, or in the treatment of anoxia in the newborn where this drug is most helpful in babies narcotized by morphine or pethidine given to mothers late in labour.

This book is not suggested as an introduction to Paediatrics but can be recommended for the purpose the author intended. It should be useful on the desk of the G.P. or Paediatric House-Officer; also for candidates cramming for examinations dealing with disorders of children.

This concisely tabulated collection of information is well worth 42*s.*

H.S.

Great Biologists. By HARLEY WILLIAMS. Published by G. Bell and Sons, Ltd. *Price* 13*s.* 6*d.*

Dr. Harley Williams, in his latest book, has turned his attention from great doctors to great biologists. The subjects are Aristotle, Linnaeus, Van Leeuwenhoek, Charles and Erasmus Darwin, Lamarck, Wallace and T. H. Morgan. In a preliminary note the author states that he has made no attempt at complete biographies but rather portrait sketches meant to give impressions of the subjects and in this self-limited task he has succeeded.

As well as the great men mentioned above the author includes several lesser men who have close connections with his subjects. Clifford Dobell, the interpreter of Van Leeuwenhoek, Sir James Smith, the lecturer in botany at Guy's who purchased the Linnean Collection, are but two who appear in supporting roles.

Dr. Williams writes vividly, bringing subject and background to life and while his method of presentation may not appeal to his older and more serious readers the younger biologists (for whom it was written) will no doubt appreciate scientific achievement coloured with human interest. It is to be hoped that these younger readers will be tempted to dip into the generous reading list the author provides for them. One teenage reader of your reviewer's family thoroughly enjoyed it and is proposing to follow up some of the bibliography.

As a good introduction to the lives of these men Dr. William's book can be confidently recommended.

T.H.

Textbook of Operative Dentistry. By E. L. HAMPSON. 1st Edition, 1961. William Heinemann Ltd. *Price* £2 10*s*. 0*d*.

This is a new book on Operative Dentistry but, as the author claims, much material has been drawn from other sources so that many of the methods and illustrations are fairly familiar.

The style of the book is rather one of a notebook and there are many tables of the 1, 2, 3, 4, etc., type which may present the subject in an easy to see form, but which does interrupt the continuity of the text.

The general arrangement of cavity preparation and instrumentation is clearly laid out and quite well illustrated with mainly line drawings. There will no doubt be differences of opinion on some of the cavity forms shown. The misleading description of Fig. 24 is surely only a printer's error.

There is only passing reference to local anaesthesia, but desensitizing agents are dealt with at considerable length. The treatment of the exposed vital, and non-vital pulp, is adequately covered and most of the illustrations are very helpful, but that showing sections through teeth (Fig. 150) is in parts very difficult to follow. An example of the lack of uniformity resulting from the use of illustrations from various sources is shown in the illustrations of the core and jacket type of preparation where the angle of the shoulder is in contrast to that so carefully described for the jacket crown on the vital tooth.

A good description of the technique for building crowns in high fusing porcelain is given, but only passing mention of the vacuum fired porcelain is made. No mention is made of porcelain fired directly on to cast metal, not to the very valuable Hollenback crown.

In describing the cutting of the steps in a pinledge preparation one is puzzled by 'The steps are cut . . . with fissure burs. When the steps have been approximately cut with stones they are squared with end cutting burs . . .'. There is no advice on the direction of the pin holes except that they should be parallel to each other.

In all there is of course a great deal of information to be found in this book and whilst many small criticisms can be made it will no doubt be a useful addition to the available books on operative dentistry.

W.A.V.

SPORT

BLUES COMMITTEE

The following awards were made at the last meeting of the Blues Committee 1961 :—

Rugby Football	D. Biggs	*Full Blue*
	J. D. Bryant	*Full Blue*
	E. Egwuatu	*Full Blue*
	A. Knight	*Full Blue*
	W. Treadwell	*Full Blue*
	D. R. Lloyd-Edwards	*Full Blue*
	J. Hockey	*Half Blue*
	C. J. Wright	*Half Blue*
Association Football	L. G. Parry	*Full Blue*
	K. C. J. Hughes	*Half Blue*
Boat Club	D. Gurney	*Half Blue*
	J. Peet	*Half Blue*
	C. Hawes	*Half Blue*
	D. H. Richards	*Half Blue*

Hockey	M. D. Steyn	*Full Blue*
	M. E. Conybeare	*Full Blue*
	J. D. Sedgwick	*Full Blue*
	J. R. Gumpert	*Half Blue*
	Z. Cader	*Half Blue*
Squash	M. Blake	*Full Blue*
	D. Hall	*Full Blue*
	P. Sievers	*Full Blue*
	D. Richmond	*Half Blue*
Boxing	J. Weedy	*Full Blue*
	D. Stubbs	*Full Blue*
	B. Penhall	*Half Blue*
	J. Cook	*Half Blue*
	D. Mansie	*Half Blue*

J. D. R. NICHOLAS,

Hon. Sec. Blues Committee.

ATHLETICS

United-Hospitals' Sports

At Motspur Park 10th June, 1961

Guy's did not do as well as was expected considering the results of Sports Day the week before and only came 4th in this competition which was won for the 3rd year in succession by St. Mary's.

Richard Morris won the High Jump at 6 ft., an event which has not been won by a Guy's man since 1929. He also came 3rd in the Hop, Step and Jump, and 4th in the Long Jump as well as competing in the relays.

Dennis Waters once again lowered the U.H. 120 yards High Hurdles record with a time of 15.3 seconds breaking the time he set up last year by .1 sec.

The other event won by the Hospital was the Tug-of-War which had been well organized by Peter Peace. The team David Gourley, John Cook, Peter Peace, Adrian Lloyd-Edwards, Ian Baker, John Hunt, Peter Inward, and Clem Evans soon demolished their opponents in the earlier rounds and then went on to defeat an impressive looking Westminster side in the final with 2 straight pulls much to the delight of the Guy's supporters.

Others who gained points were Peter Peace who came 3rd in the Shot and Hammer and 4th in the Discus, and Chris Boothby (the captain) who was 4th in the 880 yards.

Both relay teams also came 4th. In the 4 x 110 yards team were B. Bray, D. Waters, R. Morris and V. Holt, and in the medley relay C. Boothby ran the 880 yards, B. Bray and R. Morris the 220 yards and D. Waters the final 440 yards.

CRICKET

Hospitals' Cup Tie

Guy's v. Middlesex

Middlesex won the toss and decided to bat on a wicket dampened by overnight rain. The Guy's opening attack had little assistance from the wicket but Biggs struck two fortunate early blows. Gibson managed to turn the ball considerably and wickets fell at regular intervals. Gorton batted well for the Middlesex, hitting the loose ball well, until he was well run out by Jones after scoring a very useful 73.

The Guy's innings started disastrously with both Huins and Cook back in the pavilion with only nine runs on the board. However, McGregor and Pagliero batted attractively taking the score to 46 before McGregor was caught at mid-off trying to hit the ball out of the ground. Pagliero continued to bat well with valuable assistance from Gibson. However, when Pagliero and Gibson were dismissed in rapid succession the game swung in favour of Middlesex. Sievers and Cheeseman soon followed and seven runs were still needed with only two wickets in hand. At this untimely juncture the rain, which had been threatening for most of the afternoon brought proceedings to a temporary halt. When play was resumed Biggs after adding a single, was caught in the covers, and when Leigh-Browne joined Myall five runs were needed for victory and the fears of the Guy's supporters were not justified and Myall, wisely protecting Leigh-Browne from the bowling, knocked off the necessary runs.

Guy's

H. W. McGregor, ct. Ratcliffe, b. Peberdy	21
T. J. Huins, b. Cowan	0
G. W. Cook, ct. and b. Peberdy	2
K. M. Pagliero, b. Peberdy	60
M. Jones, ct. Wharton-Ali, b. Peberdy	12
I. Gibson, b. Cowan	24
R. W. T. Myall, not out	13
P. F. Sievers, b. Peberdy	5
T. Cheesman, ct. Higgins, b. Cowan	3
D. A. Biggs, ct. Ratcliffe, b. Cowan	1
A. Leigh-Browne, not out	0
Extras	8
Total for 9 wickets	149

Middlesex Hospital 148

D. A. Biggs 2 for 19, I Gibson 5 for 52, G. W. Cook 2 for 37.

Guy's 1st XI v. The Nomads

McGregor and Huins batted extremely well with fluent and attractive shots all round the wicket. They put on 185 for the first wicket and Huins was unfortunate to be dismissed only two short of his century. The Guy's total was taken to 236 for two wickets after only two hours batting.

The Nomads found this formidable total rather beyond the scope of their batting and were dismissed for 139.

Guy's

H. W. McGregor, ct. Batten, b. Young	81
T. J. Huins, ct. Gold, b. Young	98
G. W. Cook, not out	31
R. W. Myall, not out	13
K. M. Pagliero, P. F. Sievers, J. G. Cook, J. R. Norman, D. A. Biggs, P. Banks, J. D. F. Bellamy, did not bat.	
Extras	13
Total for 2 wickets	236
Nomads total for 10 wickets	139

Guy's Bowling : Biggs 2 for 16, Banks 3 for 32, G. W. Cook 2 for 0, Pagliero 2 for 46.

Guy's v. Wimbledon Town

10th June, 1961

Guy's

H. W. McGregor, ct. and b .Trott	4
T. J. Huins, not out	42
R. W. T. Myall, ct. Langford, b. Halsey	6
G. W. Cook, ct. Langford, b. Trott	0
K. M. Pagliero, b. Trott	12
P. C. Sievers, ct. Trott, b. Langford	28
J. R. Norman, ct. Trott, b. Prizeman	0
N. Healey, not out	21
D. A. Biggs, A. Leigh-Browne, J. D. F. Bellamy, did not bat.	
Extras	7
Total for 6 wickets	120
Wimbledon Town for 8 wickets declared	167

Guy's Bowling : A. Leigh-Browne 1 for 28, T. J. Huins 2 for 4, K. M. Pagliero 4 for 56.

Guy's v. Dulwich Hamlet

18th June, 1961

Dulwich Hamlet had first use of a very good wicket and Guy's were perhaps fortunate to dismiss their opening pair cheaply. May, who had scored 195 the previous week-end was deceived by Biggs' slower ball and Goruall fell to a magnificent catch in the gulley by Myall. Cader bowled extremely well, flighting the ball beautifully. McAndrew also bowled steadily and held a magnificent caught and bowled. Guy's were left two hours to score 194. Myall and Baker opened against some steady bowling abd after an hour the score was 60. When Cook joined Myall 134 were needed in the last hour. Myall, after a recent lean spell, was now batting magnificiently and the score was taken to 142 in the next 40 minutes. Both Myall and Cook were dismissed at the same score and fifty runs were needed in the last 20 minutes. Thanks to good innings from Sievers, Cader, and Biggs the winning run was scored off the first ball of the last over.

Guy's

R. W. T. Myall, ct. Field, b. Waymouth	82
I. Baker, l.b.w., b. Goddard	11
G. W. Cook, ct. Murray, b. Waymouth	37
Z. Cader, not out	21
P. Sievers, ct. Murray, b. Butcher	13
D. A. Biggs, not out	18
J. D. F. Bellamy, P. McAndrew, A. Pickles, P. Nicklin, C. Chantler, did not bat.	
Extras	12
Total for 4 wickets	194
Dulwich Hamlet for 10 wickets	193

Guy's Bowling : Z. Cader 6 for 55, P. McAndrew 3 for 27, D. A. Biggs 1 for 26.

Guy's 1st XI v. Ashford

Away 28th May, 1961

Result—Ashford won by 2 wickets

Guy's

Pagliero, ct. Nelson, b. Treadwell	64
Huins, ct. Arnott, b. Treadwell	16
Myall, ct. Nelson, b. Treadwell	0
Cook, G., b. Nelson	8
Jones, M., b. Nelson	15
Sievers, ct. Marshall, b. Treadwell	1
Norman, ct. Strover, b. Treadwell	23
Baker, ct. Arnott, b. Treadwell	1
Knott, ct. Moralee, b. Nelson	3
Biggs, not out	54
Williams, b. Treadwell	1
Total for 10 wickets	188
Ashford for 8 wickets	190

LADIES' LAWN TENNIS CLUB

Guy's v. St. Bartholomew's Hospital

Away 10th June, 1961

P. Heather and C. Gladstone, Won 2, Lost 1.
R. Williams and C. Lawrie, Won 1, Lost 2.
H. Scott and J. Sutcliffe, Won 2, Lost 1.

Result—Guy's won 5-4.

Cup Match

Guy's v. Charing Cross

J. Gardner and P. Heather, Won 1, Lost 1.
J. Siarey and C. Gladstone, Won 0, Lost 2.
C. Lawrie and R. Williams, Won 1, Lost 2.

Result—Guy's lost 5-2.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the three posts of **Registrar (middle-grade) in the Department of Psychological Medicine** with duties commencing on 1st October, 1961, for one year in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **11th July, 1961.**

BIRTHDAY HONOURS

C.B.E. (Civil Division)

Charles Herbert St. John

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

The following Teachers have been recognised as Teachers of the University and assigned to the Faculties indicated.

Faculty of Medicine

Geoffrey Charles Blake, F.D.S.R.C.S., as a Teacher of Dental Bacteriology at the Institute of Dental Surgery.

Dennis Charles Deuchar, M.D., M.R.C.P., as a Teacher of Medicine (Cardiology), at Guy's Hospital Medical School.

John Michael Hall, M.B., B.S., D.A., F.F.A.R.C.S., as a Teacher of Anaesthetics at Guy's Hospital Medical School.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

R. G. Notley
F. A. Orhewere
F. E. Roper
I. M. Sharpe
P. C. Shaw

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Ackner, Brian and others. Excretion of Porphobilinogen and δ—Aminolaevulinic Acid in Acute Porphyria. *Lancet*, 1961, i, 1256.

Bloom, Arnold and another. Phenformin as Adjuvant Oral Therapy in Diabetes. *Brit. med. J.*, 1961, i, 1796.

Buckle, A. E. R. Chemotherapy in Malignant Disease. *Postgrad. med. J.*, 1961, **37**, 342.

Burn, J. H. A New View of Adrenergic Nerve Fibres, Explaining the Action of Reserpine, Bretylium, and Guanethidine. *Brit. med. J.*, 1961, i, 1633.

Burn, J. H. and another. Effect of Noradrenaline on the Action of Nicotine and Tyramine on Isolated Atria. *Brit. J. Pharmacol.*, 1961, **16**, 335.

Burn, J. H. and another. Uptake of Labelled Noradrenaline by Isolated Atria. *Brit. J. Pharmacol.*, 1961, **16**, 344.

Butterfield, W. J. H. Progress in the Understanding and Treatment of Diabetes Mellitus. *Brit. med. J.*, 1961, i, 1705.

Cavanagh, J. B. and Holland, P. Localization of Cholinesterases in the Chicken Nervous System and the Problem of the Selective Neurotoxicity of Organophosphorus Compounds. *Brit. J. Pharmacol.*, 1961, **16**, 218.

Clarke, C. A. The Genetics of Diabetes Mellitus. *Diabetes*, 1961, **10**, 175.

Fry, John. The Responsibility of the General Practitioner for Health Education of the Public. *World. med. J.*, 1961, **8**, 200.

Guerrier, Hugh and another. Paget's Disease of the Anal Canal. *Proc. R. Soc. Med.*, 1961, **54**, 518.

Hawkins, Clifford F. Haematological Abnormalities. *Proc. R. Soc. Med.*, 1961, **54**, 495.

Lester, E. R. Anaesthetic Problems and Techniques. *Proc. R. Soc. Med.*, 1961, **54**, 469.

McCallum, R. I. Treatment of Progressive Massive Fibrosis in Coal Miners. *Proc. 13th Int. Congr. on Occupational Health.* (New York, 1960). 1961, P. 741.

McKeown, Thomas. Discussion on Congenital Pyloric Stenosis (Summary). Infantile Hypertrophic Pyloric Stenosis. *Proc. R. Soc. Med.*, 1961, **54**, 453.

Mant, A. Keith. The Identification of Human Skeletal Remains. *J. For. Sci. Soc.*, 1961, **1**, 1.

Rumsey, H. St. John. The Problem of the Stammer. *Med. Pr.*, 1961, **245**, 560.

Tibbs, D. J. Unilateral Absence of the Testis. Eight Cases of True Monorchism. *Brit. J. Surg.*, 1961, **48**, 601.

Wilson, Edric F. Result after Thirty-one Years of Repair of Torn Cruciate Ligaments. *J. Bone Jt. Surg.*, 1961, **43B**, 342.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding cases 5s.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

EAST SUSSEX COAST Dental practice requires Assistant with a view to free partnership. Good remuneration whilst assistant. Unfurnished accommodation available. Box No. 277.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGE OF ADDRESS

Dr. Henry A. Thompson, B.Sc., Suite 224, Scollard Buildings, Victoria, B.C.

BIRTHS

ALLDAY.—On 9th June, 1961, at Boston, to Philippa (née Haynes), S.R.N., and Richard Allday, M.B., B.S., a daughter (Rebecca Jane), a sister for Margaret, Domini, Richard and Nicholas.

FIRTH.—On 27th April, 1961, to Jean (née Kubale), M.B., B.S., D.C.H., and Peter Firth, M.B., B.S., a daughter (Fiona Margaret).

WHIMSTER.—On 4th June, 1961, in Fiji, to Sybil (née Wallace), wife of W. F. Whimster, M.B., B.Chir., M.R.C.S., L.R.C.P., a daughter, Claire Elizabeth.

WRIGHT.—On 15th June, 1961, to Judy (née Fletcher) and Richard Wright, a daughter.

MARRIAGE

AWTY—BRIAULT.—On 13th May, 1961, in Chelsea, Michael D. Awty, M.R.C.S., L.D.S., to Janet Louise Briault.

DEATHS

ATTWATER.—On 22nd May, 1961, Harry Lawrence Attwater, M.B., B.Ch., age 75, of 59, Litchfield Court, Richmond, Surrey.

JOHNSON.—On 9th May, 1961, Richard Hugh Johnson, L.D.S., R.C.S., at Scunthorpe Hospital, aged 82 years, of 161, High Street, Scunthorpe.

PARFITT.—On 12th June, 1961, John Brodribb Parfitt, F.D.S.R.C.S., of 40, Melcombe Road, Weymouth, Dorset.

EDS. { S.R.M. / R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

"Apart from the excellence of the arrangements there was a spontaneous air of happiness"

(The letter of thanks from Buckingham Palace after the Royal visit.)

NEW Guy's House could not have an "opening ceremony". A large surgical building has to be brought into use department by department, and floor by floor over a period of months. Last week's visit by Her Majesty The Queen was in place of an opening ceremony and was a visit to the new surgical building now in full use.

Her Majesty's tour of the building included most of its special features but only one ward floor, so that it was her walk along Maze Pond through the Memorial Gates and across the Park to the Nurses' Home that gave people the best opportunity to greet her. It was here that the full joy of Guy's was apparent, a joy at welcoming her back after an interval of nearly 15 years, and a joy enhanced by justifiable pride in the newest and most magnificent building. As one of the consultants says: "the trouble with Guy's men is that they are so proud of the Hospital—but it's a good fault". The good fault was one of the reasons why the Queen was met by such 'a spontaneous air of happiness'.

The Board of Governors have approved the appointment of Mr. R. G. Beard as a Consulting Surgeon to the Hospital to commence duties on 1st January, 1962.

Mr. Beard came to Guy's from Cambridge, and qualified M.B., B.Ch., in 1951. His house jobs at Guy's included those of O.P.O. and house surgeon, after which he was a junior lecturer in Anatomy. He was elected F.R.C.S. in 1956, and two years later gained the M.Ch.(Cambridge). From being resident surgical officer at Putney, he came as a surgical registrar to Guy's. For the past year he has, as a senior surgical registrar, been seconded to St. Olave's Hospital, an appointment which terminates in September. Before taking up his post as an Assistant Surgeon next January, he will probably spend some months in the United States.

The appointment arises from the retirement of Mr. Grant Massie at the end of the year. As far as students are concerned, no one

can replace Mr. Massie's particular brand of teaching. But at least students will be pleased to hear that the new assistant surgeon is one who as a registrar was renowned for his forceful, comprehensive, yet entertainingly partisan teaching. We congratulate Mr. Beard, wish him and his wife a long and happy stay, and look forward to his arrival at the New Year.

Having the honour to be the Editor's most obedient and compliant servant is a privilege denied to many correspondents with the British Medical periodicals. An urge of unknown origin (therefore tradition) has permeated editorial circles over the years to the extent that, after wading through the substance of a letter, the editor's eye is caught by a word which stands out in ugly incongruity against the mass of well constructed technical verbiage which precedes it. This word is usually one of a dozen or so adverbs used to describe the correspondent's relationship with the reader, and as such gives a valuable clue to his medical standing as a correspondent. 'Yours sincerely' comes from a colleague, friend *or* enemy, 'Yours hopefully' from a would-be contributor, 'Your humble and obedient servant' from a lay-man, usually an architect, 'Yours ever' from a doctor in the Outer Hebrides whom the reader once met at a cocktail party, 'Yours faithfully' from another doctor whom one has never met at a cocktail party, etc., etc.

This vital clue to the correspondent's identity is, however, denied to the assiduous reader of the correspondence columns. With an impatient, perhaps embarrassed mutter, the editor puts a stroke through the offending phrase, substitutes the conventional but delightfully meaningless 'Yours etc.,' and in doing so reduces the whole thing to a more or less depersonalised level.

No one ever complains; this is just the way things are done, and correspondents accept, even welcome the partial anonymity which is thus conferred on them, and rely on the signature to add weight to their letter. The Americans may chuckle at the flowery inscriptions found in the Correspondence columns of *The Times*. But has anyone considered the paradox of seeing a Great Medical Name introduced to his readers as : 'I am, etc.' ?

IN BRIEF:

Dr. M. A. E. Duvivier has been awarded the O.B.E. for public services in Mauritius.

Mr. C. Montague Ruben, F.R.C.S.(Eng.), has been appointed Consultant Ophthalmologist to the Regional Eye Unit, Herts., and Epping Group of Hospitals.

Dr. Keith Simpson has been appointed University Lecturer in Forensic Medicine to Oxford University.

GUY'S DIARY

JULY			Department of Surgery Exhibition. *The Jaw.* (Exhibition Room 2nd Floor New Guy's House).
17th	M	1.00	Dr. Vale. *Artificial Ventilation of the Lungs.*
18th	T	1.00	Dr. Wayte.
20th	Th	1.00	Mr. Glover.
21st	F	1.00	Professor Butterfield. *The Next Ten Years.*
22nd	S	10 a.m.	Clinico-Pathological Meeting in the Clinical Theatre.
24th	M	1.00	Mr. Salmon. *Menières Disease: 1861-1961.*
25th	T	1.00	Dr. McConnell. *Anaesthesia for E.N.T. Surgery.*
27th	Th	1.00	Mr. Wass. *General Principles in the Treatment of Fractures.*
28th	F	1.00	Dr. Joiner.
31st	M	1.00	Mr. Brain. *Thoracoscopy and its uses in Diseases of the Pleura.*

OBITUARY

JOHN BRODRIBB PARFITT, F.D.S., M.R.C.S., L.R.C.P.

To the present generation of Guy's men, Parfitt, who has just died in his nintieth year, is probably unknown save for his textbook, now under the direction of Professor Herbert. To older men the name John Parfitt, for so he was always known, means a great deal. All his life Parfitt gave himself to one thing, the practice and teaching of conservative dentistry. In this field he was a master, competent and exact as an operator, having endless patience as a teacher. To many Guy's men his teaching was of value above all others. He qualified L.D.S. in 1893, finished his Conjoint in 1896, and was elected F.D.S. in 1948. In 1926 he was President of the Odontological Section of the Royal Society of Medicine, in 1937 President of the Southern Counties Branch of the B.D.A. During the exacting war years he was President of the B.D.A. from 1941-46. He was elected an Honorary Member of the British Dental Association in 1951 and a Vice-President in 1954. For many years he was Honorary Curator of the Museum of the Association. His chief literary work was his textbook of "Operative Dental Surgery", now in its 7th edition. After the first world war there was a considerable extension and reorganization of the Dental School. Two members of the dental staff, Parfitt and Lewin Payne, at their own expense, made an extensive tour of the Dental Schools in Canada and the United States and brought back information which was of great value to their colleagues in committee. Parfitt also did much unostentatious service for the B.D.A. Personally Parfitt was a quiet, retiring man but he was a great reader and had a wide range of philosophic knowledge. In his last years he was blind but carried himself with great courage.

F.N.D.

Eighty-Eight Years Ago

Guy's Gazette, 1873.

"For sale : Volume I of 'Guy's Hospital Gazette' from Oct. 1, 1872 to April, 26, 1873; all the numbers are very clean . . . ."

THE QUEEN'S VISIT

By half past two Great Maze Pond and the surrounding buildings were crowded with onlookers. There was a surprising possé of tiny school children outside the College already waving the sort of flags that look as if they will dissolve in the rain. No one knew where they came from; one resident suggested that they had been planted there to distract royal attention from the College building itself. The drive to New Guy's House was lined with nurses, and the entrance was magnificently decorated with flowers and plants from the nurseries. The area about the block had been cleaned and for the first time in four years the builders' huts and machines had been cleared away. New Guy's House was complete and ready for the Queen. Even the sun came out.

The large crowd, half of whom seemed to have cameras, was contentedly barracking the odd house officer or nurse making their way to work in New Guy's House, when it was surprised and delighted to see Lord Nuffield coming along the drive. It had been said that he was unable to be present, and everyone was glad that one who had given so much to Guy's and to New Guy's House in particular should be present on its proudest day.

Promptly at 3 o'clock the glass sided Rolls Royce drove up carrying Her Majesty Queen Elizabeth II accompanied by Lady Margaret Hay. She was received into the Borough by the Mayor of Bermondsey before Lord Cunliffe welcomed her to New Guy's House and introduced her to those who were to accompany her throughout the afternoon: Matron, The Superintendent Mr. Blaikley, and the Clerk to the Governors, Mr. Burfoot. Further presentations of the building committee and others who had helped in the project were made in the entrance hall before the tour began. She walked across the infra-red heated ambulance bay to the Casualty Department where Mr. Clarkson showed her the large formica screen decorated with a London scene from an old print. Then the basement floor was visited. In each department the heads were presented to the Queen together with the head technician and senior nursing representative. In some departments small demonstrations had been arranged. Sister Smyth showed how a dressing pack from Central Sterile Supply was used, Doctor Dow gave a characteristic lucid commentary on a specially prepared film of cardiac catherisation and angiocardiography. Doctor Wayte and Mr. McArthur had brought back one of the first radiotherapy machines to be used in Britain—a Guy's machine of 1923. It was a nice contrast to the vast Vickers linear accelerator standing near by which is over thirty times as powerful.

The lifts had been suitably muzzled for the occasion and must have had a tonic too, for they whisked the Royal party to the theatre floor. Here some plastic overshoes were provided for the Queen, whilst the rest of the party battled into the everyday cloth overshoes. The theatre used by Sir Russell Brock was shown, and he was there to demonstrate some of the apparatus now used in cardiac surgery.

Photo] [*G. Cooke*

The Queen accompanied by Lord Cunliffe leaving New Guy's House

Up above on the teaching floor there were the several departments to see as well as a colourful surgical exhibition. Accompanied by Dr. Boland and Mr. Lawrie the Queen ventured into the Take In flat. Here two dressers were giving a life-like performance of playing chess, whilst in the corner an unlikely student was ostentatiously reading '*Blackburn and Lawrie*'.

By now the visit was well behind schedule, and it fell further behind during the tour of *Lydia* and *Job* wards where the Queen, as if relieved to find real patients at last after the rather impersonal technical displays, spent a long time talking to patients. Those in *Lydia* had had their hair curlers in for the previous three nights, whilst in *Job* many pairs of new pyjamas were making their début. As one regular pressman commented "I can't understand it, they all look so well". They did, and they were made even better by the visit.

An unplanned expedition up to the ninth floor was made to see the view, a commemorative plaque was unveiled in the entrance foyer and it was time to leave New Guy's House. The walk over to the Nurses' Home was triumphal: the sun was glittering through the plane trees, the roadway was crowded, the balconies and windows crammed and it was a great and happy sight. After tea in the Nurses' Home the Queen left by car from the Park, leaving behind the hope that it will not be too long before there is again an opportunity to invite her to see another part of a rebuilt Guy's.

The following letter was received by the Clerk to the Governors. Matron received a separate letter of thanks from the Queen's Lady-in Waiting.

BUCKINGHAM PALACE,

6th July, 1961

MY DEAR BURFOOT,

Just a brief line to express my personal thanks to you and Mr. Blaikley for all the trouble which you had taken over the arrangements for the Queen's visit to Guy's Hospital yesterday. I know that they took up a lot of your time and attention, but the personal care with which you supervised them certainly bore fruit in their very successful outcome.

The Queen was very glad to have the opportunity of meeting the doctors and sisters who showed her round the various departments and wards and to be able to speak with the patients in the latter.

Apart from the excellence of the arrangements there was a spontaneous air of happiness which added greatly to the enjoyment of the visit, in which Lady Margaret Hay, Captain Harvey and I shared together with the Queen. Thank you again.

Yours sincerely,

EDWARD FORD.

A. H. Burfoot, Esq.,
Clerk to the Governors, Guy's Hospital.

RESEARCH AT GUY'S

Chemical Pathology . . .

A major part of the research work of the Department of Chemical Pathology has for a number of years been concerned with the biochemical aspects of neurological disease. Work in this field has included investigations into human disease in collaboration with members of the hospital staff and also fundamental studies on lipids and other structural components of the nervous system in man and animals, with the particular objective of analysing the mechanisms leading to the formation of the scattered plaques of demyelination in multiple sclerosis. In view of the complex nature of the various lipids which are present in the myelin sheaths a study began in 1955 of the enzymes which might be concerned in the degradation of these substances. It was known that nervous tissues contain both an acid and an alkaline phosphatase each capable of hydrolysing glycerophosphate and phenyl phosphate. It was shown, however, that it is specifically the alkaline phosphatase which acts on water soluble "lipid phosphate esters", such as phosphoryl choline, which form part of the molecules of the phospholipids in nervous and other tissues.

The presence in nervous tissue of an enzyme causing the breakdown of the more complex glycerylphosphorylcholine, a water-soluble derivative of the phospholipid lecithin, was also shown, and the properties of the enzyme were studied in detail.

More recently work on this line of research has moved on to a study of the enzymic breakdown of the complete phospholipid, and of the ester linkages between the long chain fatty acids and glycerol which form part of their molecules. These studies have demonstrated that nervous tissue contains a small but significant amount of so-called phospholipase B, an enzyme which removes the single fatty acid present in a lysophosphatide with the production of water soluble glycerylphosphoryl diesters. An important advance in the last few months has been made with the first clear indication that purified enzyme preparations from brain can form the cytolytic substance lysolecithin by means of a phospholipase A. catalysing the hydrolysis of a single fatty acid from the lecithin molecule.

These experiments have, therefore, indicated that nervous tissue is potentially capable of bringing about the complete enzymic degradation of phospholipids which form such an important part of its structure.

It had already been observed that lysolecithin has a very marked solubilizing and cytolytic action on brain tissue. The haemolytic action of lysolecithin has, of course, been known for some time.

In suitable concentrations lysolecithin clarified an opaque aqueous emulsion of rat brain to an almost water-clear solution. Further investigation of this phenomenon showed that in addition to solubilization of the water-insoluble lipid and protein components of the cells, axons and myelin sheaths, smaller concentrations of lysolecithin caused cytolysis and the release of intracellular enzymes into solution. This discovery is clearly of interest in relation to the hypothesis that an abnormal production or accumulation of lysophosphatides in the nervous system might be a factor in the disorganization of structure and degenerative changes which occur in demyelinating diseases such as multiple sclerosis.

A search for lytic agents like lysolecithin and a re-investigation of previous claims by other workers to have isolated them from brain has, therefore, been undertaken. This phase of the work has necessitated a considerable amount of chemical study on the properties of brain lipids and of techniques for their investigation and is still in its early stages.

A start is being made now in applying the information gained in these various research projects to pathological material from cases of human neurological disorders.

Apart from Professor R. H. S. Thompson and Dr. G. R. Webster a number of other workers have taken part in the various lines of research described above. Former members of the team include Dr. Elizabeth Marples, Dr. K. P. Strickland (Postdoctoral Fellow, National Research Council of Canada), Dr. R. Niemiro (Polish Ministry of Health Scholar) and Dr. W. L. Magee (Postdoctoral Fellow, National Multiple Sclerosis Society, U.S.A.). At present Dr. B. S. Meldrum, Dr. L. Rathbone and Miss Jennifer Gallai-Hatchard are taking part in the continuation of the work.

Dr. B. McArdle, a member of the Medical Research Council's External Scientific Staff who is attached to the Department of Chemical Pathology, has also collaborated at certain stages of the work described above. In addition he is interested in diseases of muscle and has recently been studying a family with adynamia episodica hereditaria, a hyperkalaemic form of familial periodic paralysis, whose frequent attacks can, he has found, be prevented by carbonic anhydrase inhibitors or other diuretics producing accelerated excretion and mild depletion of potassium. He has also investigated the abnormalities of intermediate carbohydrate metabolism occasionally found in multiple sclerosis and peripheral neuropathies. In another study he has shown that the citric acid content of cerebrospinal fluid is increased in ischaemic disorders of the central nervous system, and also in spinal cord compression, due, for example, to tumours or prolapsed intervertebral disc. In multiple sclerosis, on the other hand, normal levels were found and he therefore hopes that the CSF citric acid level may prove useful as a laboratory aid in the differential diagnosis of paraplegia. He is at present investigating the distribution of phospholipids in muscle, peripheral nerve and cerebrospinal fluid and their possible variations in disease. This study

has necessitated adaptations of the appropriate analytical methods to a suitable micro scale.

The technique of gas-liquid chromatography has proved of great value in biochemistry for the study of fatty acids, aldehydes and a number of other substances. Dr. R. W. R. Baker has designed and constructed an apparatus in the Department for such studies; this project was made possible by a generous grant for expenses by the Multiple Sclerosis Society. A detailed study of the distribution of the long chain fatty acids which are present in the complex lipids of nervous and other tissues is in progress using this equipment. Dr. Baker is particularly interested in the higher unsaturated acids containing 20 and 22 carbon atoms, about which relatively little is known at present. In collaboration with Dr. I. Macdonald of the Physiology Department he is also investigating the fatty acids of liver fat from African children with Kwashiorkor. Preliminary results have so far indicated differences between the liver fatty acids of these children and those from well nourished children suffering from other types of liver disease. Dr. Baker's interests also include the technique of flame photometry and he has designed an apparatus for the rapid and accurate estimation of calcium in serum and other fluids by this means.

Other work in collaboration with Dr. D. B. Gower of the Biochemistry and Chemistry Department is concerned with the application of gas chromatographic methods to the study of the biosynthesis of steroids by rat testis.

The metabolism of copper in the nervous system is of considerable interest since the discovery of increased copper levels in the brains of patients with Wilson's disease and of the importance of dietary copper deficiency in the aetiology of enzootic ataxia and swayback, both of which are demyelinating diseases in lambs. Dr. P. J. Warren (Bromiley Research Fellow of the Multiple Sclerosis Society), Dr. C. J. Earl (Hospital Endowments Research Fellow) and Professor Thompson have recently made a detailed study of copper levels in a number of regions of human adult and foetal brain. More copper is present in grey than in white matter of adult brain; foetal brain contains less than the corresponding regions in the adult. The substantia nigra and locus caeruleus were especially rich in this element, and it is possible that the copper is associated with the melanin pigmentation in these regions, since copper-containing enzymes are known to be concerned with melanin production. Further work, *in vitro* and *in vivo*, on the metabolic aspects of brain copper is now in progress, and so far it has been found that young rats maintained on copper-deficient diets have reduced copper levels in the central nervous system; in vitro studies with ^{64}Cu suggest that brain slices can accumulate copper, much of it in a bound and non-exchangeable form.

Dr. Warren has also collaborated with Dr. I. Macdonald in investigating copper metabolism in Kwashiorkor. They have found reduced levels of copper in the liver and hair in this condition; the latter

is of interest because of the red pigmentation of the hair which is a feature of this important nutritional disease.

Another major interest in this department has for some years been the disturbances of carbohydrate metabolism in diabetes mellitus. Some years ago Professor W. J. H. Butterfield found that some patients with severe burns developed an insulin-resistant hyperglycaemia accompanied by an elevated level of α-keto acids in the blood. A proportion of these patients were improved by treatment with BAL, suggesting that a defect in intracellular-SH enzymes might underlie the disturbance in carbohydrate metabolism; the possibility that a similar defect might be present in diabetes mellitus was considered. Professor Thompson has collaborated with Professor Butterfield and Dr. I. Kelsey Fry in investigating a series of diabetic patients and they have found that a defect in pyruvate metabolism is not uncommon particularly in patients in whom the disease is unstable and difficult to control. In this group BAL did in fact improve the pyruvate tolerance, but attempts to correlate the response to BAL and the presence of a defect in pyruvate metabolism with any of the clinical complications in diabetes, especially neuropathy, did not yield any definite conclusions.

The biochemical action of the oral hypoglycaemic agents, tolbutamide and carbutamide has been investigated by Dr. I. Kelsey Fry and Dr. P. H. Wright in rats. These drugs caused an increase in liver glycogen $1\frac{1}{2}$-$3\frac{1}{2}$ hours after administration; they did not appear to interfere with the action of insulin and the conclusion was reached that they probably act by inhibiting glycogen breakdown, possibly as a result of inhibition of glucagon release from the pancreas.

Dr. Wright has also made an extensive study of the rat diaphragm method for estimating plasma insulin activity. He has shown that dilution of the plasma before assay gives rise to apparently higher activities than are obtained with undiluted plasma, due, he suggests, either to release of bound insulin or to inactivation of insulin antagonists. He has obtained interesting data on normal subjects and patients with diabetes and other endocrine disorders, but he has pointed out that whereas a knowledge of plasma insulin activity may help in explaining the cause of an abnormal carbohydrate metabolism in some diseases, insulin assays seldom provide information of clinical value in individual cases.

Dr. Wright's particular interest at the moment is the development of a guinea pig anti-insulin serum and its application to the study of experimental diabetes in animals. He has found that this antiserum inhibits the action of insulin on the uptake of glucose by the rat disphragm, the effect being specific for insulin. Although there is no marked degree of specificity towards the insulins of several animal species tested, the serum of guinea pigs sensitized to bovine insulin will not react with insulin from the guinea pig itself, suggesting differences between the structure of insulin in this species and that of the others. It has also been pointed out that the antibodies concerned are not the same as those responsible for insulin allergy following insulin therapy in human diabetics. The insulin specificity of guinea

pig antisera was applied for the identification of insulin in tissues of the victim of a murder by insulin injection.

In collaboration with Mr. J. Armin and Dr. R. T. Grant, F.R.S., Dr. Wright has produced acute insulin deficiency in animals by injection of antiserum. By prolonged infusion of antiserum he has precipitated a diabetic syndrome in rats, which differs in several respects from that caused by alloxan or pancreatectomy. The metabolic disorders present in these animals are now being studied. Mr. M. E. Tarrant (British Diabetic Association Fellow), working with the support of the Hospital Endowment Fund, is examining some aspects of their fat metabolism and has so far demonstrated an accumulation of triglyceride and non-esterified fatty acid in the liver and blood as little as three hours after giving antiserum. The precise significance of these changes is still being investigated.

THE QUEEN'S CHOCOLATE GATEAU

Providing a Royal tea can be something of a problem, so Mr. Kingston did some private research before deciding upon Chocolate Gateau for the Queen. On the day before her visit he carried the Gateau ceremonially through the kitchen, placed it on a secluded shelf and warned everyone to keep well away from it. The next morning he went to inspect it, but someone had been there during the night. The Gateau was still intact, but pinned to it was a notice bearing skull and cross-bones and the following message :

Danger! Danger!
If you value life and limb
To touch these cakes would be a sin
Of quality the best that's seen
They are for H.M. The Queen ;
Not for workers' sons and daughters
Nor for chefs or kitchen porters,
The Hangman's noose will be the way
If you do not read and *OBEY.*

OBITER DICTUM

"I suppose it's the last time I'll ever see sister on bended knees."

A junior theatre nurse, watching the theatre superintendent fit the Queen with overshoes.

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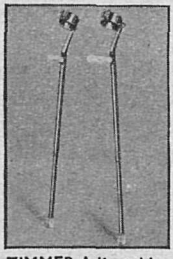

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A Medical Misconception

By D. J. P. BARKER

The roots of racial prejudice lie in the sub-conscious mind, but they are nourished by ignorance of the actual differences between races. Widespread ignorance of these differences coupled with misstatement of scientific discoveries and theories aided Negro slavery in the United States and enabled the rapid spread of the Nazi race theory. Although scientists are still far from a full understanding of the variation of physical and mental characteristics of mankind, considerable progress towards this has been made in the last 50 years.

It is now apparent that the word "race" in common parlance, is used indiscriminately to denote national, religious, cultural, geographical and linguistic human groups. Thus people speak of the German "race", the Jewish "race", and they class peoples who are culturally Chinese or who live in India or who speak English as "races". Since the word "race" is emotionally highly charged with ideas of profound differences between human populations and the superiority of one group over another, it is imperative that it should either be rigidly defined or, as some anthropologists maintain, abandoned altogether. Only thus can its political exploitation be prevented.

In order to make the conclusions of scientists on the race problem more widely known a number of the world's authorities on physical anthropology and human genetics co-operated together in 1951, under the auspices of UNESCO, to produce "a statement on the nature of race and race differences". Unfortunately the conclusions of this important statement have not been disseminated as widely as might have been hoped. They have not penetrated far into clinical medicine.

It was agreed that "the word 'race' should be reserved for groups of mankind possessing well-developed and primarily heritable physical differences from other groups". These hereditary differences are mainly the result of natural selection and mutation acting upon genetically isolated populations. A number of processes, such as hybridization of populations, result in a constant change in the nature and distribution of existing races. Present-day races are divided, on the basis of a number of physical characteristics, into three main groups: Negroids, Caucasoids and Mongoloids. Within this framework the exact demarcation of the different races is still a matter of some dispute among anthropologists. However, it is quite clear, and it is emphasised in the UNESCO statement, that national, religious, cultural, geographical and linguistic groups do not necessarily coincide with racial groups. Thus the Germans are not a race; the Jews are no more a race than are the Roman Catholics; people who are culturally Turkish or Chinese, who live in Britain or India, or who speak English are not

describable as races. The statement adds that "the use of the term 'race' in speaking of such groups may be a serious error."

Unfortunately this error is still rife in medical lectures and text-books. Examples are numerous. Thus the statement that "Gaucher's disease is a rare familial condition occuring most frequently in the Jewish race", fails to differentiate religious from racial groupings; and in the sentence, "Susceptibility to tuberculosis is not inherited in the strict sense of the word, but the fact that certain races, such as African and Indian natives, and even certain regional groups, such as the inhabitants of the Western Isles of Scotland and of Ireland, have a low resistance to tuberculosis suggests that natural immunity varies from race to race and even region to region", there is a failure to distinguish clearly geographical from racial groups.

The effect of such errors is twofold. Firstly, within the writer's experience they have led to many valueless discussions on the relative importance of genetic and environmental factors in determining the frequency of certain diseases among different human groups. For example the statement that "Buerger's disease commonly occurs in the Jewish race", has a double meaning. Either it signifies that the disease commonly occurs in people practising the Jewish religion, be they Caucasoids, Negroids or Mongoloids, or it is based on an observation that the disease occurs with a high frequency in certain Jewish populations in North America and Europe and represents a loose generalisation from this observation. In the first case any genetic aetiology is most unlikely, in the second case genetic aetiology is more probable. As it stands the sentence is as meaningless as speculation upon it is pointless.

In a wider context the misuse of this explosive word "race" must be conducive to perpetuation of racial prejudice. Surely it is especially undesirable that this should occur in a profession whose voice is influential in the community and should be foremost in the abolition of social injustice.

Fifty Years Ago

From the Gazette, 22nd July, 1911.

'The fact that fat can be formed from carbohydrate has now been abundantly proved, for cows, whose food is largely of carbohydrate origin, produce a plentiful supply of milk. The same remark applies to bees.'

REVIEWS

The Story of Hospital Almoners. By MOBERLEY BELL. Faber. *Price* 13*s.* 6*d.*

"The Medical students who passed from Westminster Hospital to become Consultants elsewhere would be very unlikely to think of an almoner as a tiresome, hostile critic; they would know something of the value of her work and appreciate the contribution she could make to the Hospital she served."

This quotation from "The Story of Hospital Almoners" surely covers most of the ground. The pioneer days of the Hospital Almoner are well depicted, and the early outline of this Hospital service clearly defined. In these National Health Service days, when the Almoner's place in the medical team is recognised as a most valuable asset, it is interesting to note that this was not always so. The idea of " a woman giving advice (however good) without asking the doctors " was then unthought of, even in social problems, the almoners particular and specialized field. The determined efforts " to capture the staff" and the gradual winning over of the doctor, to the Almoner's point of view, that sickness and worry often went together, was clearly a new approach.

The pioneers had to be women of determination and character, and so they were. The original title of Lady Almoner, smacking perhaps of the Lady Bountiful, is of purely historical interest and certainly did not apply here. They were skilled case-workers, and in no sense voluntary dabblers in good works. The vital approach to patients' difficulties—" There are some things she must know, but whether she will succeed depends not on what she knows, but on what she is,"—is always true, and what these early Almoners achieved is told us clearly, without any fuss. The fact that "more people are ill because they are unhappy than unhappy because they are ill" may be a moot point, but there is something here which is the Almoner's job to find out. So, in the vast out-patient's clinics of those early days, and in the Hospital Wards, this selfless and devoted work continued—not in the Almoners' well run Department, as we know it today, but in little tucked away corners, where a Hospital inch could be spared. And the work—"the patient's needs, rather than his means" were the real test, the whole business directed solely to the patients' welfare. '.The study of disease in man cannot be made without reference to the condition in which he lives."

This book is of vital interest to all medical staff who wish to find out what the Almoner is up to, and how it all started. The spade work, done in the past has produced a fertile crop of skilled social workers, now well assured of their position in the medical team—definitely a book for those interested in "the proper study of mankind" in the Hospital setting.

R.M.

The Physiology of the Mouth. By G. NEIL JENKINS. Blackwell Scientific Publications, Oxford, 1960. (Second Edition). 355 pages, 69 figures. *Price* 40*s.*

When the first edition of this book appeared it marked an important step towards bridging the gap between the basic scientific and clinical parts of the dental curriculum. The second edition brings us up to date in a rapidly advancing field. So often one hears complaints that textbooks are years behind what ought to be taught, here is one which is ahead of what is taught in many schools.

It must be very easy in a book such as this to be uncritical in the choice of material and to be unguarded in the application of results obtained in animals to man. That Dr. Jenkins is fully aware of these dangers is shown in the introduction to the chapter on the influence of hormones on oral structures and also by various warnings given in the chapter on the influence of diet on oral structures. The text is clear and there are many good illustrations.

D.A.

CORRESPONDENCE

Letters to the Editor of the Gazette

National Health Dentistry

SIR,—I was much interested in the correspondence relating to Dental Private and National Health practice, since the opinions expressed by both parties accurately reflect the stages in my own experience.

I qualified during the Health Service era, and for seven years practiced "amalgam-and-plastic" dentistry ad nauseum, having, like Mr. Stalford, only one standard—the best of my ability, proudly rejecting private treatment as a form of extortion of the ignorant. This continued until I came into contact with colleagues practicing abroad, and while discussing one's work and techniques found to my consternation that eighty per cent. of dentistry lay outside my experience. This fact was made the more poignant since I have always maintained that dentistry is so small a sphere of medicine that one ought to be master of all its aspects.

In consequence, I purchased a practice in Harley Street—and found myself in another world ! No longer a paid servant of the State, but a professional man whose opinion was valued—and final. No longer the criterion of "clinical necessity", but the best for the patient. Instead of restriction, the whole gamut of dentistry opened, with much to learn and study. But what priceless satisfaction when the first extensive bridge slipped trouble-free over its abutments ! Instead of referring patients needing hospitalisation for surgical treatment to the local dental consultant, a private bed allows me to do this fascinating work myself. At last there seems point in a five-year training.

It is simply untrue to say that the Board allows crown and bridge work easily. Being a steward of the public purse it rightly restricts advanced techniques to "clinical necessity", which means the sheer physical impossibility of an alternative. It would give me great pleasure to introduce Mr. Stalford to denture work, where the laboratory fees alone exceed £70 for one denture. Perhaps he would then also seek a wider sphere for his high standards.

Yours etc.,

TERENCE H. ALDRIDGE.

Mayfield Lodge,
Biddenham, Bedford.

SIR,—Enough has now been said for the young practitioner to decide his own attitude to National Health dentistry. Before leaving the subject, however, I would like to make a sincere plea for established practitioners to review their opinions.

In doing this it is imperative to rid oneself of a certain catch-phrase philosophy which hardly does credit to independent judgment.

"Liberty to seek out private treatment" is not a liberty. In effect it means "liberty to pay what you can afford" and is equatable with the law which permits all citizens, irrespective of rank and wealth, to sleep under railway arches and on park benches. "Freedom to educate one's children how one wishes" limits the freedom to those with suitable bank-balances, the remainder being forced to put up with overcrowded classes and insufficient teachers.

Before the days of the National Health Service we had a much-favoured "natural law of supply and demand" which, in practice, limited the demand for our services to no more than one-fifth of the population.

All these arguments, and many more besides, are, in effect, a disguise for upholding a system of privilege where not the most deserving but the most wealthy get the cream of attention.

The National Health Service, although it brought relief from dental ill-health

to millions of sufferers, was, for various reasons singled-out for mutilation where nourishment and growth were required. The challenge to the new generation is to reverse this trend and to engage in battle until the principle of a universally high standard of treatment is the right of every patient, regardless of *who* he is and *what* he is, not to solve the problem by seeking an ivory tower sustained by private fees.

Yours etc.,

D. D. STALFORD.

Carlton, Bonehurst Road,
Horley, Surrey.

SPORT

CRICKET

Guy's 1st XI v. R.N.V.R.

25th June 1961

Result—Guy's won by 10 wickets

Guy's

H. M. McGregor, not out	36
T. J. Huins, not out	54
Z. Cader, G. W. Cook, M. Jones, J. Cook, J. Norman, I. Baker, D. Biggs, N. Knott, D. Bellamy, did not bat.	
Extras	9
Total for no wicket	99
R.N.V.R. for 10 wickets	98

Guy's Bowling : D. Biggs 4 for 18, D. Bellamy 3 for 20.

Guy's 1st XI v. Queen's University, Belfast

At H.O.P. 2nd July, 1961

Result—Drawn

In direct contrast to the heat wave of the previous few days, the weather was inclement at H.O.P. on this Sunday. Rain on the Sunday morning unfortunately compelled the game to be started late, and the damp outfield and wicket made runs harder to come by, compared with the previous weeks. However, with the time available a very enjoyable game took place. Guy's won the toss and batted first, Myall and Huins starting confidently, and then Pagliero against a sustained medium pace attack. Wickets began to fall in the scamper for quick runs and Queen's were set to score 140 in 110 minutes.

This, however, was beyond their scope against the wiles of Dyke and Geoff Cook, and though the opponents sportingly went after runs to the end the game finished a draw.

Guy's

R. W. T. Myall, run out	14
T. J. Huins, b. Zachary	37
K. M. Pagliero, b. Smith	37
Z. Cader, run out	8
J. A. Dyde, ct. Cooke, b. Eakin	0
P. Sievers, b. Smith	10
M. Jones, not out	16
J. Cook, not out	11
G. W. Cook, D. Biggs and M. Murray, did not bat.	
Extras	6
Total for 6 wickets declared	139
Queen's University for 8 wickets	103

Guy's Bowling : J. A. Dyde 4 for 9, G. W. Cook 2 for 19.

HOSPITAL'S CUP TIE

Semi-Final

Guy's v. St. George's

Result—Guy's won by 6 wickets

On a morning certainly not intended for cricket, Guy's won the toss and elected to field and struck with little success in the pre-lunch session, and at lunch St. George's held the advantage with 120 for 2 on the board. Guy's had an unlucky morning, a number of chances not being taken, due, one hopes, to the conditions in which they were fielding.

However, after lunch, in improved conditions' Bernard and Knott struck quick blows for Guy's and an unforseen collapse took place; the last eight wickets falling for 48 runs. Bernard and Knott bowled well and the Guy's fielding rose to the occasion, the catches being taken and the ground fielding maintaining a good standard.

It was St. George's turn to strike two early blows when Guy's went into bat, Huins and McGregor being bowled, with only nine runs on the board. However, Cook and Bernard batted very sensibly and thoroughly through to tea and the Guy's score looked brighter at 65 for 2. But the position may have been very much different had St. George's not suffered lapses in their fielding. After tea, however, Cook and Bernard exerted full authority over the St. George's attack and treated the spectators to some superb strokes. With the stand at 140, Bernard was out, but Guy's were in the Final for the third successive year a few minutes later, Geoff Cook unbeaten at 90 after an excellent "captain's innings".

Guy's

H. W. McGregor, b. Cooper	1
T. J. Huins, b. Cooper	0
G. W. Cook, not out	90
J. R. Bernard, ct. Smith, b. Ursell	63
Z. Cader, l.b.w., b. Franklin	0
R. W. T. Myall, not out	1
P. Sievers, M. Jones, D. Biggs, N. Knott, J. Norman, did not bat.	
Extras	15
Total for 4 wickets	170
St. George's	168

Guy's Bowling : J. R. Bernard 5 for 34, N. Knott 4 for 81.

Guy's v. Streatham

Result—Guy's won by 12 runs

The Guy's batsmen showed no difficulty in scoring runs off the Streatham attack, Geoff Cook and Myall shining in a third wicket partnership of 147; Cook hammered the bowling to all corners of the field in his most attractive innings, the ball meeting the middle of his bat off most deliveries. Myall played a good supporting role.

Set to score 236, with half the playing time *taken by the Guy's innings, Streatham started* steadily and the scoring gathered momentum until the score stood at 206 for 4 with 20 minutes to the end. Cook and Huins bowling steadily to an eager opposition, took some quick wickets and a run out completed the rout in the last over to give Guy's victory by 12 runs.

Guy's

H. W. McGregor, ct. Galls, b. Cabburn	16
T. J. Huins, l.b.w., b. Cabburn	20
G. W. Cook, st. Wadley, b. Hayward	115
R. W. T. Myall, not out	60
J. G. Cook, ct. Gallo, b. Pace	7
D. Roberts, not out	5
I. Reekie, R. Strickland, D. Biggs, P. Banks, J. D. F. Bellamy, did not bat.	
Extras	10
Total for 4 wickets dec.	235
Streatham for 10 wickets	223

Guy's Bowling : Cook 4 for 54, Huins 4 for 32.

HOSPITAL INFORMATION

APPOINTMENT VACANTS

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Ophthalmological Registrar (middle grade)** with attendance on two sessions a week for a period of one year from 1st October, 1961.

Forms of application are obtainable from and should be lodged with the Superintendent not later than **24th July, 1961.**

GUY'S HOSPITAL
RESEARCH FELLOWSHIP

Applications are invited from registered medical practitioners for a **Research Fellowship, of Registrar status,** to participate in a study, under the direction of Professor Butterfield and Dr. Acheson, of the relationship between Guy's and the community of Southwark, with particular reference to the out-patient department. The work could provide material for a doctorate thesis and could lead to a career in research or in medical administration. Salary will be on the registrar scale according to seniority; no previous experience is necessary. Applications, with the names of two referees should be sent to the Superintendent, Guy's Hospital, S.E.1, before **31st July, 1961.**

GUY'S HOSPITAL

Applications are invited from registered Dental Practitioners for the appointment of **Dental Officer to Salomons Centre** to attend on 1 session per week with duties to commence *on 1st October, 1961. Forms of application* are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Monday, 24th July, 1961.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1ST SEPTEMBER, 1961

Applications are invited for the following House Appointments at Guy's Hospital due to begin on 1st September, 1961, applications giving choice of post and choice of hospital, in order of preference to be lodged in the Superintendent's Office **not later than Friday, 21st July, 1961:—**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During *the second three months of the appointment* candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only *to Pre-Registration candidates applying for their first appointment and not to candidates* seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment *candidates will move to the post of Casualty* Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
1 *Pre-Registration* (*To commence* 1.9.61)
1 *Pre- or Post-Registration* (*To commence* 1.11.61)

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1
(Three months at Guy's Hospital followed by 3 months at New Cross Hospital).

Dermatological House Physician 1
Post-Registration (To commence 1.11.61)

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician (*Pre-Registration*) 1
(Second 6 months candidate only).

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Physicians in the York Clinic 2
S.H.O. (To commence 1.10.61)

Resident Anaesthetists 2
1 *S.H.O.*
1 *Post-Registration*

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

HITHER GREEN HOSPITAL

House Physician (*Pre-Registration*) .. 1
(to commence 14.9.61, locum from 1.9.61)

LEWISHAM HOSPITAL

House Surgeon (General Duties) .. 1
(*Pre-Registration*)
(To commence 16.9.61, locum from 29th August)

House Surgeon (General Duties) 1
(*Pre-Registration*)
(To commence 28th August)

House Surgeon (Orthopaedics) 1
(*Pre-Registration*)

ORPINGTON HOSPITAL

House Surgeon (General Duties with Orthopaedics) (*Pre-Registration*) .. 1

House Surgeon (General duties with E.N.T.) (*Pre-Registration*) 1

House Physician to the Geriatric Unit (*Pre-Registration*) 1

NEW CROSS HOSPITAL

House Surgeon (General Duties) 1
(*Pre-Registration*)

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) 1

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (*Pre-Registration*) 1
(To commence 16.10.61)

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

J. B. BLAIKLEY,
Superintendent.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Easter Term, 1961

Principles and Practice of Physic

J. S. M. Beales
R. D. Blacklidge
*C. Dare
*R. A. Durance
*P. S. E. G. Harland
*E. M. Holt
H. Jay
*J. E. A. Knowles
R. C. Lallemand
J. J. Meanley
*M. C. W. Morgan
*W. J. Norman
*S. Nundy
*W. M. P. Patterson
*A. B. Richards
P. B. Wemyss-Gorman
*I. Ziment

Principles and Practice of Surgery

*C. Dare
*R. A. Durance
*I. W. F. Hanham
*E. M. Holt
*J. E. A. Knowles
R. C. Lallemand
*M. C. W. Morgan
*W. J. Norman
*S. Nundy
*W. M. P. Patterson
*A. B. Richards
P. B. Wemyss-Gorman
*I. Ziment

Midwifery and Gynaecology

J. S. M. Beales
R. D. Blacklidge
*C. Dare
*R. A. Durance
*E. M. Holt
*J. E. A. Knowles
J. J. Meanley
*M. C. W. Morgan
*W. J. Norman
*S. Nundy
*W. M. P. Patterson
*A. B. Richards
*I. Zigment

*Have qualified M.B., B.Chir.(Cantab.).

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Trinity Term, 1961

Medicine, Surgery and Midwifery

D. B. Calne
W. R. Esson

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
June, 1961

Anatomy

A. Aribarg
P. Banks
Jennifer M. Crawshaw
R. A. J. Eady
Sarah A. Marshall
T. H. Redpath
I. Reekie
P. B. Robinson
F. K. Simbo
P. A. Sims
B. T. B. Taylor

Physiology

A. Aribarg
P. Banks
M. G. Barley
P. J. R. Cox
R. A. J. Eady
Sarah A. Marshall
I. Reekie
P. B. Robinson
P. A. Sims

Pharmacology

J. A. M. Axton
J. W. V. Barrett
F. D. H. Birkett
N. F. Boyd
E. E. Cockayne
Ann Y. Coxon
A. G. Cumberland
F. S. Davidson
F. F. T. Djabanor
Mehrbanoo Faruhar
W. S. Foong
W. D. A. Foster
Juliet C. Gardner
E. H. Harley
R. P. Hollingsworth
P. Ivanans
M. P. Jeffery
R. Jowett
F. P. McGinn
A. R. N. Maister
A. Martin
R. G. May
Ann Poskitt
A. J. Robson
K. K. Shah
M. J. Sharman
M. Singh
M. V. Smith
S. Talbot
P. A. Ustianowski
C. C. Wilmshurst
N. J. Y. Woodhouse
B. S. Worthington

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists

Primary Fellowship Examination

S. R. Williams

L.D.S.
Final Examination
June, 1961

Part I—Surgery

J. M. Brown
C. R. Darracot
K. F. R. Hutchison
Mary M. Kagwa
S. K. Khanna
P. J. E. Lang
A. Leigh-Browne
J. G. Machado
J. G. Mitchell
Jane E. Taylor

Part II—Dental Surgery

S. G. Adamson
R. W. W. Betts
Jeanne H. Faith
W. S. Hardy
P. N. Hirschmann
G. O. Lyckander
R. H. Mummery
A. J. Parratt
D. C. Phillips
A. O. Skinner

L.D.S.

First Examination

June, 1961

Anatomy and Physiology

A. G. Ball
C. H. Bligh
T. R. C. Cheesman
Christine M. Jones
R. C. Paterson
W. S. Reid
C. J. S. Wright

Special Anatomy and Physiology

A. G. Ball
C. H. Bligh
T. R. C. Cheesman
R. C. Paterson
W. S. Reid
C. J. S. Wright

NURSING NEWS

Entered

Sister Pedley to *Nurses' Home.*
Staff Nurse J. Stevens to *Casualty.*
Staff Nurse Vance to *Eye Theatre.*
Mr. D. Cobell to *Out-Patient Annexe.*

Left :

Sister H. Smith from *John and Miriam.*
Charge Nurse J. Jones from *Night Duty.*
Staff Nurse J. Fawcett from *Surgical X-ray Department*
Staff Nurse M. A. Jones from *Evelina.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Douthwaite, A. H., Trafford, J. A. P., McGill, D. A. F. and Evans, I. E. Methicillin. *Brit. med. J.*, 1961, ii, 6.

Fox, Wallace and others. Streptomycin plus Pyrazinamide in the Treatment of Patients Excreting Isoniazid-Resistant Tubercle Bacilli, following previous Chemotherapy. *Tubercle*, 1961, **42**, 136.

Galbraith, N. S. and others. An Outbreak of Human Infection due to Salmonella Typhimurium Phage-type 20a Associated with Infection in Calves. *Lancet*, 1961, i, 854.

Grant, R. T., Wright, P. H. and others. Acute Insulin Deficiency Provoked in the Dog, Pig and Sheep by Single Injections of Anti-Insulin Serum. *J. Physiol.*, 1961, **157**, 64.

Hallam, John. An Improved Jaw Sling. *Brit. dent. J.*, 1961, **111**, 23.

Joseph, J. and McColl, I. Electromyography of Muscles of Posture: Posterior Vertebral Muscles in Males. *J. Physiol.*, 1961, **157**, 33.

McKeown, Thomas. Limitations of Medical Care Attributable to Medical Education. *Lancet*, 1961, ii, 1.

Morgan, John K. Alopecia. *Med. Pr.*, 1961, **245**, 487.

Nissim, J. A. Enhancement of Inhibition of Intestinal Absorption by Cetrimide—Phloridzin Combination. *Nature*, 1961, **191**, 37.

Russell, D. B. and Wyard, S. J. Electron Spin Resonance of Adenosine Triphosphate. *Nature*, 1961, **191**, 65.

Sears, W. Gordon. The Management of the Unconscious Patient. *Practitioner*, 1961, **187**, 41.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

A progressive and conscientious surgeon with a desire to specialize in prosthetics will be welcomed as an assistant (with or without view) in a busy modern practice. You will be working in very pleasant surroundings and with a young staff, and a splendid opportunity exists for genuine specialization with congenial patients. Remuneration on a commission basis. By writing or telephoning you may obtain fullest written details of the position and its fringe benefits. R. H. Pownall, 67, Vivian Avenue, London, N.W.4. HENdon 0434.

EAST SUSSEX COAST Dental practice requires Assistant with a view to free partnership. Good remuneration whilst assistant. Unfurnished accommodation available. Box No. 277.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

A. H. Atkinson, M.R.C.S., D.Obst.R.C.O.G., 14, Morston Road, Wootton Bassett, Nr. Swindon, Wilts. (Tel. Wootton 457).

Flt.-Lt. R. A. Harlow, R.A.F., Officers Mess, R.A.F. Topcliffe, Thirsk, Yorks.

BIRTHS

BRIDGE.—On 26th June, 1961, at Radley Lodge, Wimbledon, to Margaret and Arthur Bridge, F.D.S., R.C.S., a son (Christopher James), a brother for Anne and David.

HARLOW.—On 29th June, 1961, at Fontainebleau, to Betty (née Lodge, S.R.N.), and Flight Lieutenant Roger A. Harlow, M.B., B.S., D.Obst.R.C.O.G., a daughter Zoe Jane, a sister for Christopher and Stephen.

LALLEMAND.—On 8th July, 1961, at Guy's Hospital, to Nicole (née Cormeau), and Roger Lallemand, M.R.C.S., L.R.C.P., a son (Christopher).

LOUGHER.—On 29th June, 1961, at Redhill Hospital, Surrey, to Doreen (née Skinner), wife of Thomas F. Lougher, L.D.S., R.C.S., a daughter, Caroline Susan.

McEVEDY.—On 8th June, 1961, to Gill (née Grover), and Brian McEvedy, M.Ch., F.R.C.S. a boy (Peter Anthony and a girl Frances Jane).

WILKINSON.—On 23rd June, 1961, at Hillrise Nursing Home, Lyndhurst, to Elizabeth (née Burne), M.B., B.S., and Surg.-Lieut. (D.) C. J. Wilkinson, R.N.—a son.

WILLEMS.—On 25th June, 1961, in Oxford, to Annette (née Rake), and Anthony Willems, a daughter, Caroline Tanya.

MARRIAGE

GROB—FAWCETT.—On 8th July, 1961, at Kensington, Dr. Paul Richard Grob, to June Fawcett, S.R.N.

DEATH

FULLER—On 17th June, 1961, Frederick Holcombe Fuller, M.R.C.S., L.D.S., of 15, Morris Road, Lewes, Sussex, aged 78 years.

EDS. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1905 *29th July* 1961 *One Shilling*

PASSIM

"CLOSED chest cardiac massage has come to the rescue of the house officer", said a surgeon recently. It is only a year or two since house officers were tending to go about with scalpels in their pockets prepared to open the chest, with the same readiness that their predecessors thirty years earlier had been prepared to perform tracheostomies. It was a familiar joke that it was not safe to faint within the precincts of a teaching hospital for fear of some zealot opening one's chest. Not surprisingly, most people thought that cardiac massage was becoming too popular, though its supporters had the unanswerable argument that if it was successful only once in every five hundred cases, it was still the right thing to do.

Now closed chest cardiac massage has come to the rescue of the doctor. The method, as described by Mr. Ross in this week's article, is easy, requires in the beginning no equipment, and can be performed anywhere without distressing anyone. In fact whereas the doctor confronted with a case of sudden or unexplained cardiac arrest had to ask "Is there any reason why I *should* go into the chest and massage the heart ?" He now has to ask himself "Is there any reason why I *should not* begin external cardiac massage ?"

We congratulate Dr. J. D. Williams, senior medical registrar, upon his appointment as Consultant Physician to the Sidcup and to the Orpington and Sevenoaks groups of Hospitals.

Hunt's House, solid, aloof and unshaven in its usual external appearance, is in an internal ferment which must rival the mess made by the German bomb in 1941. The staircase which has now been completely removed leaves a huge gap through the middle of the building into which the floors seem to sag invitingly. Twisted masses of thick wire mesh, which used to hold the walls in place, lie amongst great piles of rubble, and as a result it is difficult to recognise the old departments and wards. The first floor waiting room is full of window frames, the wards are all panelled in, and if one walked out of the old radiotherapy door one would drop vertically about twenty-five feet before finding anything to stand on. Characteristically, the lavatories remain unchanged.

The Haematology department is still functioning on the top floor to the chagrin of ward-clerks who have to do investigations in

their one and only laboratory. Many and bitter are the complaints heard in the basement when the solitary and strictly non-automatic lift breaks down. We have also heard of a student who spent forty minutes estimating a patient's haemoglobin (thirty of them spent waiting for the lift) and still arrived at his morning clinic on time. We cannot believe that this inefficient state of affairs will be allowed to last much longer.

Caleb and *Diplock* are still used, though they are now shared by the department of Child Health and the preclinical class. They are accessible by a bridge between Hunt's House and the old preclinical classroom—a piece of ingenuity which is a credit to the contractors.

Changes such as these demand a modification of routine and perhaps a good deal more effort expended on normal day-to-day functions of those working in Hunt's House. We look to those concerned for forbearance of the extra work imposed, and live in avid expectation of a new staircase and (who knows ?) perhaps a new lift.

The 16th July marked the beginning of a trimester of new firms and coincided with an influx of overseas visiting students, to whom we bid a very sincere welcome.

Matron tells us of a vacancy that exists for Matron of Launceston Hospital in Cornwall, a modern 25 bed hospital. The post is described as "ideal for anyone who is fond of the country, and feels the bustle of a big hospital too worrying and tiring". Doctor R. J. Healey (Guy's 1938) is there "and would welcome a Guy's nurse as the Matron". Anyone interested should write direct to the Secretary.

The following extract appeared in *Peterborough's* column in *The Daily Telegraph*:

"A grey parrot was offered for sale at £16 in the Northern News of Nigeria. It drew the following letter :

Dear Sir,

I have the honour to submit my application for appointment as a grey parrot. I saw this vacancy in the Northern News.

My educational qualification is Standard VII, passed at Edwin Mallangati School in May, 1958, and I previously worked for Steel Fabrications Ltd. as a Time Clerk and C.A.R.S. as a Bus Conductor.

I hope my application will meet you with your favourable consideration and reply.

Yours faithfully,"

Our time-expired correspondent from the registrars table denied that it was his application but admitted that it was a sheer oversight on his part not to have applied.

IN BRIEF :

Dr. T. B. Brewin has returned from Canada to take up the appointment of Consultant Radiotherapist to the Glasgow Royal Infirmary.

Mr. D. F. N. Harrison, Reader in Laryngology at the Institute of Laryngology and Otology, has been awarded a Hunterian Professorship for a lecture on "The relationship of osteomata of the external auditory meatus to swimming" which will be given on the 19th of April next year at the Royal College of Surgeons.

The poll for election to the Council of the Royal College of Nursing (England and Wales division) was headed by Miss M. J. Marriot, Matron of the Middlesex Hospital and formerly of Guy's, and Miss Jean Addison.

The *Lancet* Cup was won at the summer meeting of the Medical Golfing Society at St. George's Hill by Dr. Donald Holmes with a score of 76.

Doctor John Fry has been awarded a £200 B.M.A. Scholarship for "the study of the natural history and course of certain common diseases in general practice."

GUY'S DIARY

JULY.			Department of Surgery. *The Jaw.*
			(Exhibition Room 2nd Floor New Guy's House).
31st	M	1.00	Mr. Brain. *Thoracoscopy and its uses in Diseases of the Pleura.*

OBITER DICTUM

A College Waitress *on being asked if the scrambled egg was fresh :*

" Oh yes sir ; they were freshly cooked *today* ".

The Management of Cardiac Arrest

By *Donald Ross*

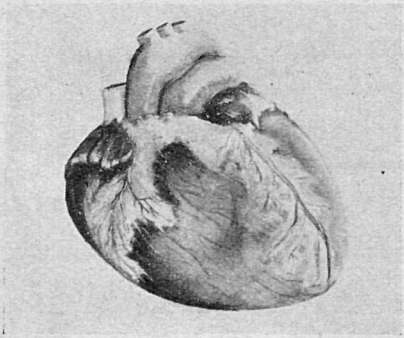
A Clinical Lecture given at Guy's Hospital.

The term cardiac arrest is in some respects misleading since the state of affairs we have come to recognise as "cardiac arrest" is not always associated with the cessation of myocardial activity.

What we really mean is circulatory arrest as a result of absent or inadequate heart action. It is worth emphasising the term circulatory arrest since the diagnosis of the condition depends on evaluating the pulse and blood pressure. We are not interested in the noises of the heart heard through a stethoscope or in the electrical tracing recorded on an electrocardiograph.

Aetiology

Under ordinary circumstances the condition of cardiac or circulatory arrest results from one of two cardiac states—asystole or ventricular fibrillation.



Asystole means the condition of true arrest of heart action. The heart on inspection is blue and usually distended unless there has been a catastrophe haemorrhage. There is no evidence of movement of the myocardium. (Fig. 1).

Fig. 1

Asystole. The heart is blue, distended, toneless and motionless.

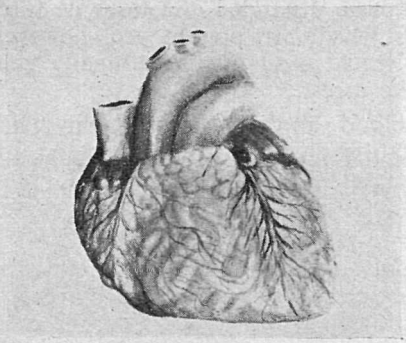


Fig. 2.
Ventricular Fibrillation. The heart is initially pink and exhibiting quivering or worm-like movements.

In *ventricular fibrillation* the heart is usually pink in the early stages and exhibits considerable unco-ordinated fibrillary movement. It looks and feels like a quivering bag of worms. Although there is a great deal of movement and contractility in the ventricular muscle mass, there are no co-ordinated contractions sufficient to maintain a pulse or a blood pressure, *i.e.*, circulatory arrest is present in spite of gross cardiac activity. (Fig. 2).

We know a good deal about these two conditions as a result of clinical experience and from experiments in the laboratory. The former condition of asystolic arrest of the heart generally occurs in an otherwise healthy heart and is due to uniform anoxia of the heart muscle. In other words the muscle is deprived of oxygen in a uniform manner along with the rest of the body tissues. The commonest cause of this is of course anoxic anoxia, or insufficient oxygenation of blood passing through the lungs. This may result from insufficient ventilation of the lungs on the part of the anaesthetist or from an improperly positioned or blocked airway. Similarly, vomiting and inhalation of vomitus would produce this condition, as would strangulation or asphyxia from any cause. Also, catastrophe haemorrhage will result in an oxygen deprivation of the tissues, including the heart.

Ventricular fibrillation on the other hand usually occurs in a diseased heart and results from an uneven distribution of oxygen within the ventricular muscle mass. Hearts which exhibit ventricular fibrillation are as a rule diseased hearts in the sense that there is, say, atherosclerotic degeneration of the coronary vessels or hypertrophy of one or other ventricle as a result of valve disease or an internal shunt. Under these conditions it is common for localised areas of the heart to be selectively deprived of blood and it is this uneven distribution of oxygen in the ventricular muscle which gives rise to an abnormal focus of irritability followed by a generalised unco-ordinated activity of the ventricles. Although the tone of the individual muscle fibres may be good, their contractions are out of phase and do not result in a sustained systolic ejection of blood.

What is the evidence of these statements ? Apart from the unfortunate clinical observations of these conditions which we make from time to time, there is convincing experimental evidence which bears out these contentions.

We know for instance, that if we open the chest of a dog under anaesthesia and then clamp the endotracheal airway, the tissues of the whole body including the heart become progressively cyanosed.

The heart itself becomes steadily more distended and loses its force of contraction. The contractions which are present are, however, regular, becoming steadily more feeble until the heart finally goes into a quiescent phase of asystolic arrest.

Similarly if we clamp off the blood supply to the heart only while maintaining the rest of the circulation on a heart-lung machine, the contractions will remain co-ordinated but become feebler until they cease altogether. Again the anoxia produced has been uniform throughout the heart.

On the other hand, if we apply an abnormal focal stimulus in the form of localised cold, or an injury or an electrical current to the heart so as to alter the conditions of oxygenation of one area, the heart will very likely go immediately into a state of ventricular fibrillation. Better still, if we tie off or block one of the branches of, say, the left descending coronary artery, as occurs in coronary thrombosis, the area of myocardium supplied goes blue and has a reduced oxygen tension. This heart is now likely to go into ventricular fibrillation spontaneously or upon the application of a mechanical, electrical, or thermal stimulus. It is not surprising, therefore, that ventricular fibrillation is the normal mode of death in cases of severe coronary artery occlusion. It is also the mode of death in accidental electrocution.

The Diagnosis of " Cardiac Arrest ".

This is a matter of the greatest urgency since all the available evidence suggests that an arrest of circulation for a period of between 3-4 minutes results in permanent and irreversible ischaemic brain damage.

As has already been emphasised, the ventricles are not necessarily in a state of arrest but the circulation is. Therefore, do not waste time trying to assess the activity of the heart, but pay close attention to the state of the circulation. Feel for a PULSE and if still in doubt try to get a blood pressure. The absence of a pulse and blood pressure means you are dealing with the clinical state of "cardiac arrest".

Forget about the heart itself at this stage. Do not start listening to it with a stethescope—someone is sure to think he hears something and will listen while valuable time is lost.

There are enough pulses in the human body to go around half a dozen observers at the same time.

Above all, do not connect an E.C.G. machine or glue your eyes to the E.C.G. trace. Remember this is only an electrical trace which bears no relation to the effectiveness of the heart's action and may go on giving a pattern long after an effective circulation has ceased. Also the distinction between ventricular tachycardia and ventricular fibrillation is not always easy to make even with expert observers. One fact you can be sure of: if there is no major pulse palpable, the brain will suffer irreparable damage no matter what noises or electrical hiccoughs the heart is emitting.

[*Photo by B. Richards*

Theatres, with l. to r. Sir Russell Brock, Sister M. E. Laws, Lord Cunliffe, Mr D. Ross.

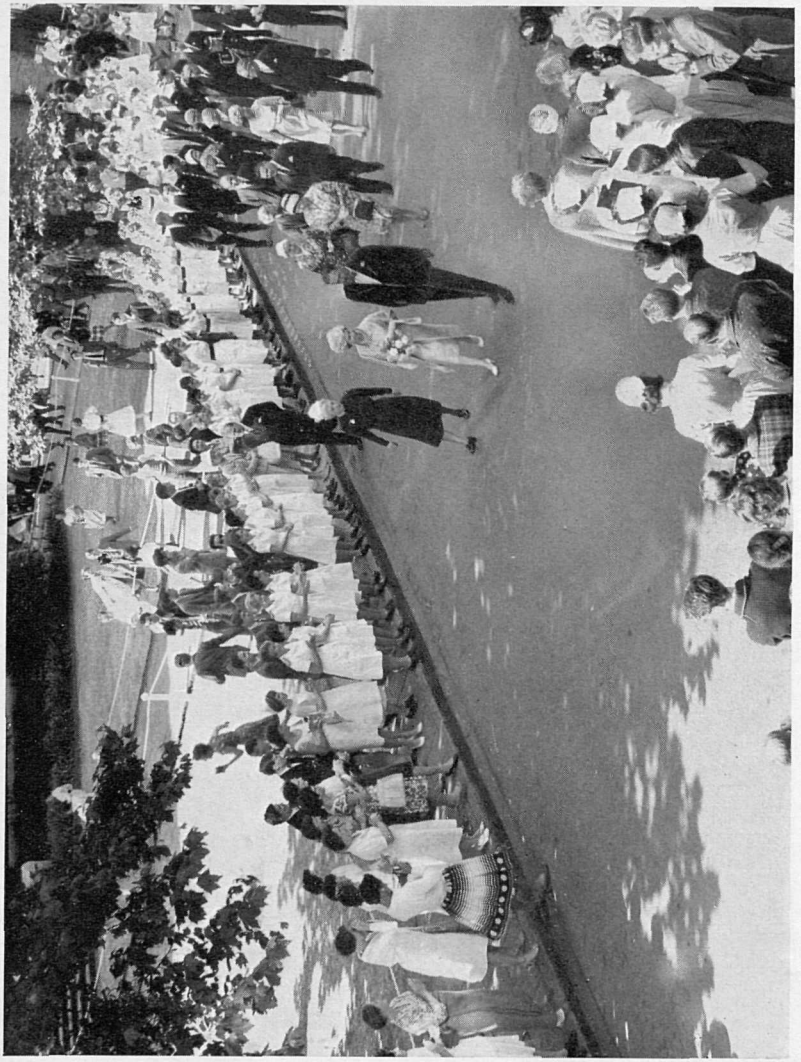
[*The Times*

Lydia Ward, with Sister E. M. Wood.

[*Photo by G. W. Cooke*

The Entrance Hall, with Mr. A. H. Burfoot and Nurse J. Everard

On the fifth of July, 1961, Her Majesty Queen Elizabeth the Second paid an Official visit to New Guy's House, which had a few weeks before been brought into full use.



Crossing the Park accompanied by Matron and Lord Cunliffe. [*Keystone Press*

Treatment.

Having made the diagnosis of cardiac arrest or arrest of the circulation, the next step is clear. We can safely say there is no conservative line of treatment here. The mortality among the "wait and see" group is 100%. You, and I emphasise you, must act decisively.

Up until a few months ago there was only one course to follow and that was to open the chest and start cardiac massage. You will note I have made no mention of sticking long needles and adrenaline into the heart—the answer to that one is—"don't".

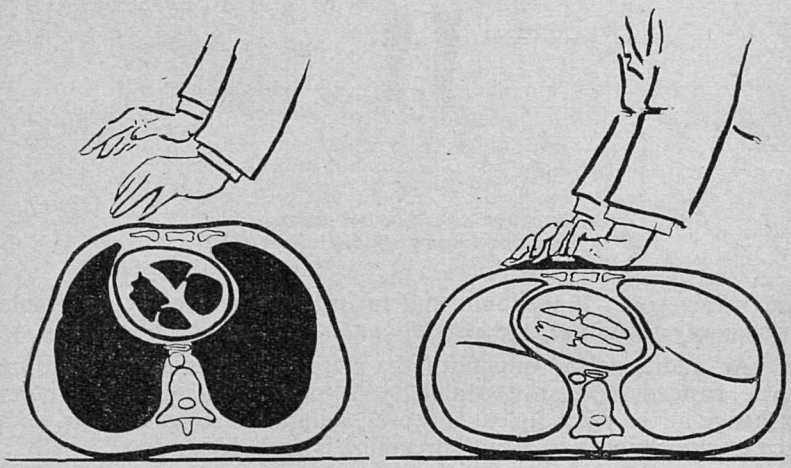


Fig. 3.

Firm compression of the sponge-like lungs and heart cavities drives blood into the aorta.

Now thanks to the work of a group of physicians at the Johns Hopkins Hospital at Baltimore, we have an alternative *initial* line of treatment—that is closed chest cardiac massage. These workers observed—first in dogs, and later in human beings, that rhythmical firm and rapid compression of the sternum down towards the vertebral column, would maintain a good pulse, blood pressure and circulation. (Fig. 3).

This manoeuvre depends on the elasticity of the chest cage, the compressability of the sponge-like lungs and heart and the fact that the heart contains a one-way valve system. In other words, firm compression of the sternum drives blood out of the lungs and heart into the aorta and on relaxing the push, blood flows in from the venous side to take its place. This is again forced out into the aorta with each squeeze since the heart valves ensure an unidirectional flow.

Now for action. As soon as you have diagnosed a state of circulatory arrest, start rhythmical and forceful compression of the sternum. This will be easier if the patient lies on a firm support

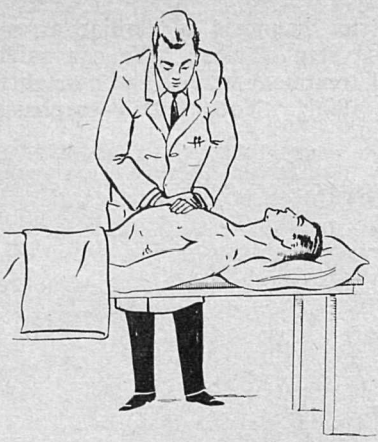


Fig. 4.

The patient should be low and on a firm support to achieve effective closed chest massage.

and below you. If in doubt and in order to secure the maximum mechanical advantage, the patient can be put on the floor. (Fig. 4).

An additional advantage of the method, particularly if you are single handed, is that it enables you to achieve some respiratory exchange at the same time. However, additional oxygen or air via a face mask or mouth-to-mouth breathing is desirable.

The importance of this method of closed chest massage is that it gives one time to make plans and to summon responsible assistance. In fact it bridges the dangerous time during which people used to hover indecisively with stethescopes, E.C.G.'s and whitefaced, held trembling scalpels.

If you find that a good pulse is maintained and if, better still a blood pressure is easily recorded there is no need for panic action.

If the cause of the circulatory arrest is asystole, then heart action should return promptly. If ventricular fibrillation is present or if the cause of the asystole is still operative, effective closed chest massage still allows time to summon responsible assistants who can assess the state of affairs and then apply appropriate measures.

Briefly, if they decide that ventricular fibrillation is the cause of the continued circulatory arrest or if heart action remains ineffective, external electrical defibrillation may be tried by passing a brief shock of about 400 volts across the precordium. The use of this technique implys that one has an *external* defibrillator available.

Alternatively, if this is not available or if the circulation is not restored, *i.e.*, pulse, it is then necessary to open the chest in the 5th left intercostal space and to apply direct cardiac massage. One can then defibrillate directly and inject stimulants like adrenaline or calcium chloride. Also if the heart is labouring from say unrelieved mitral

or aortic stenosis, it might be necessary to correct these obstructions rapidly before the circulation can be effectively restored.

You must, however, remember that an effective airway and a source of positive pressure is now imperative to maintain ventilation of the lungs once the chest is open.

The details of open chest cardiac massage are best learnt in the operating theatre or from the film you are about to see.

Summary

(1) Make the diagnosis by feeling for a pulse.

(2) Start external cardiac massage and send for assistance.

(3) If the pulse does not return or is not maintained, either perform external defibrillation or open the chest and do internal cardiac massage.

CORRESPONDENCE

Letters to the Editor of the Gazette

National Health Dentistry

SIR,—The correspondence on the National Health Dentistry is obviously drawing to a close, and I hope I may say a few more (I hope) well chosen words.

In all the hatreds that are aroused in a discussion on Dentistry it is so often forgotten that it has always been a decent living. It was a nice little profession that no one could understand anyone taking up, but having taken it up, one was left to one's self and allowed to get on with it in peace. My uncles (1898 circa Guy's men) went to South America and there learnt the new American Dentistry and came back and earned a very comfortable living practicing it in England.

When I took it up I visualised taking one of their practices and thought along the same lines of a rewarding and decent living. I think that few can say that they viewed it in the light of a vocation, in the same way as one may view Medicine.

Now the profession is rent with warring voices and has about enough prestige to cover the proverbial sixpence.

I think that all of us, N.H.S. and Private alike, cannot resist the satisfaction of having treated a patient nicely and seeing him looking the better for our efforts.

Yours,

(May I venture, in view of recent notes ?), in all sincerity,

E. B. CARPENTER.

486, Uxbridge Road,
Hatch End, Middx.

SIR,—The recent letters on the topic I had the privilege of raising have been most interesting and illuminating. The time is now ripe for an earnest appraisal of the points raised.

The topic can be divided into two, namely, a) remuneration, b) status.

Remuneration.

Mr. Stalford is indeed lucky to be in the position of putting professional ethics before the more material aspects of life. However, this is not all together surprising because he is coming to the end of his career of which only a small part will have been spent in State dentistry. I, and fellow young dentists have to contemplate a WHOLE career and face higher prices for materials, equipment, wages.

To offset this we have what ?—

Still further cuts I feel, once the deliberations of the Dental Rates Study Group are made known. Since 1948, at the inception of the Health Service, our branch has been subjected to continual cuts in remuneration and yet Mr. Stalford can afford to provide items of treatment free—a very lucky man indeed. Personally I do not think that Mr. Stalford refuses all private patients, why should he ? When one has a wife and family to support, a large mortgage to pay, ethics will not provide the means, but hard work and decent recompense for one's efforts will.

The papers blaze about our refusal of £2,500 a year. Put us into line with the rest of the country and we will all jump at the chance. *i.e.*, 8 hour day, five day week, 2 weeks holiday with pay, pay ALL our expenses. Mr. Boswell mentions two standards, but of course there are not or should not be. But if a patient is prepared to pay £20-30 for a better quality set of artificial teeth am I morally wrong, guilty of unethical practice in accepting ? Allied to this is that some patients prefer to enter a nursing home for difficult impacted wisdoms.

Here we can really demonstrate that we are Dental SURGEONS or should I refer the case to a teaching hospital ?

Status.

That some of our profession have deemed it fit to fiddle and cheat, to the delight of our more sensational press has not helped our status. That is one of the stigmas of working for the state. Just as all Civil Servants are labelled as "tea swilling layabouts", so the National Health dentist is a cheat and poor craftsman, drilling holes in sound teeth. Indeed, I do not think the ancillary has helped us at all.

But to quote MXD 527 Carpenter, E. B. (sounds like the Army), " I do like a bit of private practice, it reminds me of the days when men were men and not numbers". No one disputes the logic of a Health Service. but combining this with private practice does elevate you from the rut.

It would be disastrous if the old established "Family doctor and dentist" were destroyed by a system of red tape and forms. Already group practices are being formed to combine efficiency with reduced costs. Where will all this streamlining end ?

Because a minority see the danger, deplore the factory conditions, private practice does and will continue to exist, and I for one will endeavour to expand this side. However, remember one thing: private patients expect courtesy, service, craftsmanship. Play fair and rewards both materially, and personal satisfaction, are worth the effort.

To sum up, National Health dentistry is here to stay, but a combination with private practice will yield a fair rate of income, diversity of work, and the feeling that being a Dental Surgeon is an honourable profession.

Yours etc.,

L. B. LUX.

Kintore, Ashley Road,
Hale, Altrincham.

This Correspondence is now closed—ED.

RESEARCH AT GUY'S

Preventive Dentistry . . .

The Department of Preventive Dentistry is concerned with the prevention of dental disease generally and the treatment of diseases of the gums. This treatment is provided by dressers under the direction of Registrars, and also by one full-time Dental Hygienist.

Research in hand includes a clinical trial of a toothpaste containing an enzyme inhibitor. This inhibitor is added to prevent the breakdown by bacteria of carbohydrate debris to acid end-products. Medical and Dental students co-operated in this trial which has run for three years, and is now being assessed on radiographic evidence of the development of dental caries.

The effect of topical application of fluoride to the teeth is also being studied. A sugar-free chewing-gum has been devised as a vehicle for the fluoride and is being produced in small quantities by B. G. Gotts of the Dispensary. The uptake of fluoride by the teeth is measured by labelling the chewing-gum with radiofluoride. The collaborators in this study are N. Veall of the Radio-Isotopes Laboratory and R. Duckworth of the Department of Dental Medicine. Duckworth is also developing a technique for the micro-analysis of the outer layers of the teeth for fluoride. It is hoped thereby to be able to demonstrate whether there has been a build-up of fluoride in the outer layers of the enamel after the use of fluoridated chewing-gum for some months. Similar studies on the release and uptake of fluoride from tooth-paste have also been started.

Smaller-scale clinical studies on the action of drugs and different techniques in the treatment of periodontal diseases are run from time to time. An ultra-sonic scaler for removal of deposits on the teeth has been obtained from the United States and tested by J. O. Forrest. In order to ensure an adequate number of subjects, two recent trials of medicaments have been run simultaneously with the appropriate departments at the Royal Dental Hospital and the Eastman Dental Hospital.

R.D.E.

Medicos Look At . . .

Consideration of the new works during the last ballet season at Covent Garden provokes two thoughts. There appears to be a singular lack of original librettos and the dominant theme is young love, usually going wrong. Actually two of the three new ballets are revised versions of old ones and the absence of innovation is emphasised by the fact that a new production of *Giselle*, somewhat amplified and modified, is the only other addition to the repertoire. Famous painters, such as Picasso and Piper, outstanding dress designers, such as Hartnell, and most well-known composers have worked for ballet companies but one looks in vain for the distinguished writer who will collaborate and write a story which is original and can be used by a ballet company. Perhaps tradition, in the form of basing the story on something which exists already, dies harder in ballet than in any of the other arts.

The original *Le Baiser de la Fée* was first performed in 1928 and its music by Stravinsky was a tribute to Tchaikovsky. Frederick Ashton in 1935 presented another version at the Sadler's Wells Theatre, and the latest presentation is by Kenneth Macmillan and was first performed in April, 1960, at Covent Garden. The story is based on Hans Anderson's *The Ice Maiden* and is about a young man who is saved by the kiss of a fairy when he was a baby is lured away from his fiancée and "is taken to the Land Beyond Time and Place, there to live eternally, marked by the kiss of the fairy" (to quote the programme notes). The opening scene is spoiled by a very stagey storm-tossed mother holding her baby and dying. The Fairy, however, danced by Beriosova, does convey by means of the choreography and her acting, a feeling of hauteur, power and even malignancy. In the second and third scenes the child has grown up and is irresistibly lured away from his fiancée by the Fairy who appears first disguised as a gypsy then as the fiancée. I got the feeling that the poor youth just did not stand a chance—not only is the Fairy beautiful but she also has supernatural powers. Beriosova shows superb control over her limbs and in some of the steps she almost literally ties herself round the young man's body so that one feels that he is being bound to her. The Fairy's costume is suitably décolleté and it is not surprising that he leaves his fiancée. It is interesting to see how the *pas de deux* by the Fairy and the young man (Donald Macleary) begins in a lyrical manner and becomes more and more passionate. The critics, who pointed out that none of the past productions have survived and that this one is unlikely to survive, obviously disliked this ballet but for what I think were the wrong reasons. In my opinion the problems of the love relationship between man and woman cannot be presented to a modern audience in terms of a silly fairy story. There are enough of these themes in the classical repertoire and endless repetition becomes tiresome to spectators and performers alike.

The story of *Les Deux Pigeons* is the familiar one of two lovers having a quarrel, in this case because the girl is tired of posing as a model for the young man. He runs away in pursuit of a passionate

gypsy who makes her boy friend jealous with the result that the young man is beaten up by the gypsies. He returns to his first love and one supposes they live happily ever afterwards. Lynn Seymour and Christopher Gable are the two young lovers and dance and act well. Lynn Seymour has a youthful gaiety and sadness which she brings out in her dancing and Frederick Ashton in his choreography has given her the chance to show these facets of the character of the girl.

The main criticism of the ballet is the commonplace treatment of the gypsies. The stage passion and allure of the girl, the jealous tantrums of the man, the dancing of the chorus—all ear-rings, bangles, and twirling skirts—are unbelievably hackneyed. On the other hand the live pigeons give a reasonable performance and some of their movements around the stage are paralleled by the dancing although the manoeuvring around a chair by the two young lovers is somewhat artificial and forced. The ballet as a whole may be regarded a something quite pleasant but everything about it is milk and water and although some of the choreography is as brilliant as one expects from Ashton it is unlikely that it will become a permanent addition to the repertoire.

Kenneth Macmillan, when interviewed before the first performance of the completely new ballet *The Invitation*, said "I'm sick to death of fairy stories. I want people to go to the theatre to be moved by something they can recognize." The story of this ballet is one of innocence betrayed by experience. A young boy and girl fall in love, but the arrival of a disillusioned married couple leads to the

LAGOS TOWN COUNCIL
MEDICAL SCHOLARSHIPS

Applications are invited from suitably qualified persons for the award of scholarships to study Medicine. Full cost of training including examination fees will be borne by the Lagos Town Council.

QUALIFICATIONS

Candidates must have passed the Higher School Certificate or the General Certificate of Education at an advanced level in English Language, Mathematics, Physics, Chemistry and Biology.

Preference will be given to applicants who have done 3 or more years medical course in a recognised Institution.

CONDITIONS

All applicants must :

(a) be of good character
(b) pass a medical examination
(c) be able to provide two Bondsmen of substance.

METHOD OF APPLICATION

Applications should be enclosed in envelope marked "Medical Scholarships" to reach the undersigned not later than **Monday, 7th August, 1961.**

S. J. MAYAKI,
TOWN CLERK, LAGOS TOWN COUNCIL,
PRIVATE MAIL BAG 2025, LAGOS, NIGERIA.

older woman flirting with the young boy and the older man making advances to the young girl and finally raping her. At the end the girl, in some ways mentally broken by her experience, has lost her innocence for ever. Perhaps this ballet has a modern theme in that it is not inappropriate to point out that the young people of today may be the product of what their elders think and do, and are not congenitally wicked as is sometimes suggested. The music by Matyas Seiber at all times reflects and highlights the story and the dancing, and the Edwardian decor, both the sets and costumes, by Nicholas Georgiadis evoke the atmosphere of the prim school and also the mixture of innocent love and lust which pervades the story.

Lynn Seymour as the young girl has a part which needs an ability to act as well as dance. She is light and gay, tender and unsophisticated in the early scenes and innocently follows the older man only to be shattered by his assault. Perhaps her broken steps at the end is somewhat melodramatic as is the dancing of her seducer, Desmond Doyle, but in this ballet Lynn Seymour stamps herself as outstanding among the young dancers at Covent Garden. Undoubtedly Macmillan has created one of the best of the new ballets of the past few years even if one has the feeling that experiencing the fullness of love need not be vile and degrading.

Finally, there is the new version *Giselle* which is regarded by some people as the *Hamlet* of ballet. This may be nearer the original but most of the changes are minor and the only one of importance in my opinion is the miming by Giselle's mother of the legend of the Wilis who rise from their graves. Is one being a little mean in thinking that this Giselle is an excuse for devoting the whole evening to one ballet instead of having another short ballet included for the same money ?

SPORT

CROQUET

The club's second away match of the season was again played at Cambridge, this time against King's and Trinity Colleges with nothing to lose on the past record and everything to gain.

On the lawn of the delectable Fellows' Garden, Guy's immediately ran up against an opposition of accurate and consistent play rarely found outside county matches. Crowe and Axton reached the third and fourth hoops before King's poled easily in a game lasting not much more than half-an-hour (the short, six hoop course was used). Sells and Lintott met Preston, a Cambridge player of no mean calibre, who never faulted after splitting the Guy's balls, and consumately pursued his advantage to the pole. At the change-over a King's man unluckily bounced a roquet and Guy's attacked, taking their black to the fourth. Relief was short-lived, however, when after two more mistakes the King's men made sure of their game with two very quick last hoops.

While this was happening Crowe met Preston on the opposite lawn, the climax of the afternoon. Preston found his hoops with astonishing accuracy and was away to a quick advantage by the third. Crowe's tenacity, never needed more, now shone as he recovered from numerous unpleasant situations and surged ahead at exactly the right moment to a winning position at the post, both balls roving. Preston's fate now hung on a twenty-yard drive to Crowe's blue. He drove forcibly and accurately straight for blue but, incredibly, a ridge in the lawn tossed his ball; Crowe perspiring was home at the post, and ignominy was averted. An extremely exciting game.

			Result
Guy's		*King's*	*Result*
Sells & Lintott	v.	Preston	Lost
Crowe & Axton	v.	Etheridge & Bean	Lost
Sells & Lintott	v.	Etheridge & Bean	Lost
Crowe	v.	Preston	Won

The match at Trinity was a reassuring walk-over for Guy's who won all four matches, in spite of R. Middleton, the seasoned Trinity player. Sells hooped accurately to win the singles and Crowe pulled a perfect stymie in the doubles.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (middle grade)** in the Department of Child Psychiatry with duties to commence on 1st October, 1961, for a period of one year in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, not later than **15th August**, 1961.

GUY'S HOSPITAL

London Bridge, S.E.1

Applications are invited for the following Junior Staff Appointments at Guy's Hospital commencing on 1st October for the session 1961-1962. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **15th August :**

Two Surgical Registrars (middle grade).
Senior Registrar in the Department of Child Psychiatry.
Paediatric Registrar (middle grade—Evelina).

GUY'S HOSPITAL MEDICAL SCHOOL

London Bridge, S.E.1

Applications are invited for the following appointments to the Junior Staff of the Medical School for the session 1961-1962 commencing 1st October. Forms of application are obtainable from and should be lodged with the Dean *not later than* **15th August, 1961 :**

Lecturer or Senior Lecturer in the Department of Clinical Pathology.
Lecturer or Senior Lecturer in the Department of Anatomy.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

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Applications are invited for the post of **Resident House Physician (with Casualty Duties)** for six months from 1st September, 1961. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **Tuesday, 8th August, 1961.**

NURSING NEWS

Entered :
Sister A. Cundy to *Martha* (*Maternity Ward*).
Staff Nurse Grannum to *Nuffield Theatre.*

Left :
Sister D. J. Smith from *New Cross Theatre.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

EXPERIENCED Sister-in-Charge, Cheshire Home, 32 patients. Own flat, Whitley Scale. E. Woodmansee, 11a, Station Road, Orpington. Orpington 25149.

NORTH HERTS. Old established Dental practice, partnership of three Guy's men require an Assistant. Partnership later if mutually suited. Remuneration by arrangement. Large flat available. Box No. 278.

ASSISTANT required for busy three man practice in Worksop. Equipment consists of Ritter Units with Air Rotors, X-ray and MacKesson Anaesthetic Apparatus, own Laboratory with two technicians and fully trained chair side staff. This assistantship can be either long or short term, with partnership offered to successful applicant, if desired, after trial period. Box No. 279.

***Replies to Box Numbers should be addressed to Gazette* Office, Guy's Hospital, London, S.E.1.**

CHANGE OF ADDRESS

M. A. Gillon, L.D.S., 31, Trinity Church Square, London, S.E.1.

BIRTHS

DAVIES.—On 26th June, 1961, at Paulton Hospital, Somerset, to Judith and John Graham Davies, a daughter (Caroline Siân).

FAIRCLIFF.—On 1st June, 1961, at St. Helier Hospital, Carshalton, to Jean (née Allwright), S.R.N., S.C.M., and Malcolm Faircliff, A.C.A., a daughter (Gillian Elizabeth).

MURPHY.—On 16th June, 1961, in New Guy's House, to Margot (née Thomas), S.R.N., and Dermott Murphy, M.B., B.Ch., a son (Michael John), brother for Stephen, Adrian, Paul and Anthony.

PEARCE.—On 19th July, 1961, at Odstock Hospital, Salisbury, to Judith (née Marsh), S.R.N., and Brian Pearce, M.B., B.S., a son (Andrew Chester).

PLOWRIGHT.—On 2nd July, 1961, to Jill (née Cantrell), S.R.N., and Howard Plowright, M.B., B.S., at R.A.F. Hospital, Akrotiri, Cyprus, a son, brother to Susan.

SILCOCK.—On 6th July, 1961, at Horley, Surrey, to Margaret Shirley (née Gee), S.R.N., S.C.M., and Elfrid Edwin Silcock, B.D.S, L.D.S., a son (Antony Paul Guy).

THOMAS.—On 2nd July, 1961, at Cheltenham, to Ann and Ian Bruce Thomas, a second son.

THOMAS.—On 30th June, 1961, at Worcester, to Irene and Ieuan Thomas, B.D.S., L.D.S., a son (Rhodri William).

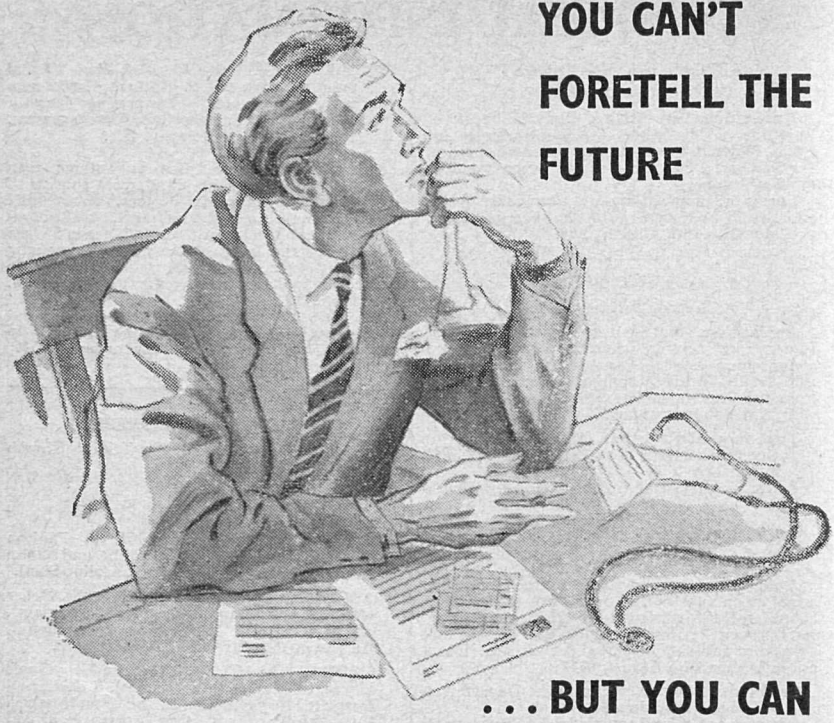
TYRER.—On 23rd July, 1961, at Boston, Lincs., to Thelma (née Rowland), and Dr. Keith Tyrer, a son (Geoffrey Keith), brother for Carolyn.

DEATHS

CUNINGHAM (née Davis). On 6th July, 1961, at 27, Clarendon Street, Londonderry, Beatrice Mary (Molly), widow of Dr. R. W. Cuningham and Mother of John.

MEKELBURG.—On 4th July, 1961, suddenly—Johannes August Albert Mekelburg, M.R.C.S., Medical Officer Peek Frean & Co., 1939/1961, 21, De Vere Gardens, Ilford, Essex.

EDS. { S.R.M. R.A.S.



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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1906 12*th August* 1961 *One Shilling*

PASSIM

"UNDERGRADUATES are urged not to undertake more than one month engaged in earning money during the long vacation, but to bear in mind that a modicum of study is expected of them during this three month period . . ."

(*From an introductory pamphlet to first year students at a leading university*).

The three month period is upon us, or should we say upon *them;* by the simple process of passing 2nd M.B. or Part 2 we climbed to a rung vacated by our immediate seniors which in retrospect seems just another step up the ladder, but which at the time bore the added significance of pledging us to 48 weeks work per year instead of 30. The "modicum of work" referred to in the quotation appears to the majority of students as a drop in the ocean compared to the sudden all the year round routine in which he is so quickly engulfed during his clinical period; this of course is the essence of clinical teaching—that the student should be incorporated into the Hospital machinery as completely as possible, and the value of this system is beyond measure. It is therefore unfortunate, to say the least, that the majority of students find the increase in their grants quite disproportionately low compared to the added time spent in the Hospital which that increase is meant to cover. The effect is doubled by the sudden shortage of spare time in which to earn a few extra pounds, and the offers for evening or night work are jumped at eagerly by young men and women who probably find life full enough without the added burden of late nights. The solution to this problem seems to vary: those who do not take up jobs are forced to reassess their financial positions and run their lives accordingly. Others cut down an expensive holidays and go home for a week or two, and the fortunate few find occupations both remunerative and enjoyable on which to spend their vacations.

The grants system—the student's saviour however much he might complain about it, is a godsend; we believe that life could be made much easier for those who find that their grant falls short of their demands while living in London by allowing an extra two weeks holiday to clinical students. The administrative problems would be

slight and could probably be ironed out by an efficient *gauleiter*. The advantages ? Most people would agree that there is no comparison between working on a farm or a holiday-camp and heaving mail-bags on London Bridge Station. As for time lost in studying, who is not better off mentally and physically after a really worthwhile summer holiday ?

Head porters come, but fortunately they rarely go, so that the sudden death of Mr. John Southcombe last week was a sad shock to all at Guy's who had come to regard his dominant figure and kindly efficiency as an indispensible part of the Colonnade scene. "Lofty" came to Guy's in 1931 and was Head Porter for the last 15 years.

We extend our deepest sympathy to his wife and family.

We are delighted to hear that Mr. P. J. Dwyer, for several years registrar here has been appointed Consultant Obstetrician and Gynaecologist to the Canterbury and Thanet Group of hospitals.

IN BRIEF :

Professor M. A. Rushton has been re-elected President of Dental Surgery to the Royal College of Surgeons.

The August number of the *Journal of the Royal Society of Arts* includes the Cantor Lecture by Mr. C. E. Engel, F.I.B.P., F.R.P.S., of the Photographic Department. Mr. Engel is chairman of the medical group of the Royal Photographic Society.

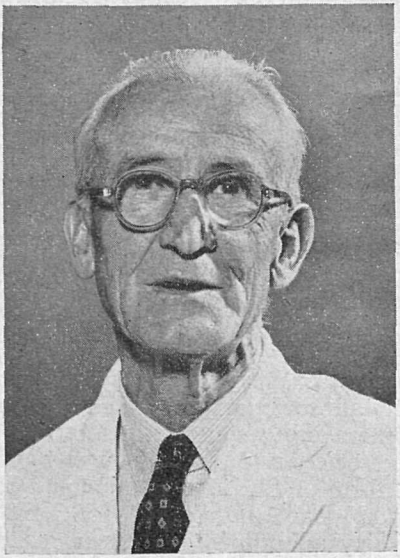
Dr. W. H. Trethowan, professor of psychiatry in the University of Sydney, has been appointed to the chair of psychiatry at University of Birmingham.

Surgeon Rear-Admiral W. Holgate, O.B.E., Q.H.D.S., L.D.S., is retiring from his post as Deputy Director General for Dental Services in the Royal Navy in November.

H. McCAFFERY

Mr. McCaffery, who has just retired from Guy's after working here for thirty-seven years, first came to work in the Annexe when it opened under Mr. Vernon Lloyd in 1924.

Mac, as he was known to many people, was trained at Rochester Row, R.A.M.C. hospital, having transferred from the corps of engineers after the 1914-18 war. He worked with several well-known figures there, and his spare courteous figure will be remembered by not a few Guy's men who worked in the annexe from time to time.



Mr. McCaffery trained when infectious diseases were florid, and more dreaded than today, and he had a deep fund of experience, clinical and humanitarian, which was valued greatly by those with whom he worked. We wish him the best of luck.

Adoption

DAVID
BOULTON

I have divided this paper into two parts—firstly, What is, and ought to be expected of adopting parents as to their suitability for this role, and secondly what is and ought to be expected of the child who is to be adopted.

THE ADOPTING PARENT

There are 13,000 legal adoptions per year in this country (the figure is that of 1957). Only one quarter of these are arranged by adoption societies. The rest are done directly, usually into the family of the mother or through some third party who is usually a doctor or local authority. There is little in the law about what is required of would-be adopters and much leeway is given to the adoption societies and third parties. There is agreement that adoption is best supervised by experienced people—and those with most experience are the adoption societies. Wide variation exists, however, as to what is required by way of medical and psychological examination of the parents though all societies are united on one point—that of religion. All adopters are required to subscribe to the religious beliefs on which the society is founded and even non-sectarian societies demand that some form of Christian faith should be professed. Even local authorities, who, since the Act of 1958 have been encouraged to arrange third party adoptions, sometimes make this stipulation. It is, therefore, difficult or impossible if you are a humanist, free-thinker, agnostic or atheist, to complete adoption through the agencies who are most experienced in seeing that adopting parents are likely to be good parents, and that the children are suitable for adoption.

The Societies as a rule do some research into the background of prospective adopters, paying particular attention to their motives and rule out such cases as couples who are hoping to patch up an unhappy marriage by these means or those who hope that a child will cure the wife's neurosis. These measures are generally acceptable, but others, such as the restriction on parents who are organically capable of having natural children seem unreasonable. I feel that if such parents genuinely want to adopt a child for its own sake, it is reasonable to give them the benefit of the experience of an adoption society in their choice.

Similarly it would be better to accept parents who do not measure up to the specified religious requirements rather than force them into more risky third party adoptions. However, there are many more would-be adopters than children available, and the societies are in a position to make regulations which they consider reasonable.

Medical examination of the adopting parents is also largely at the discretion of the adoption societies. There is no agreed form of examination and no consistent interpretation of results from society to society. There is not even a stipulation as to who should carry out the examination. Such examinations ought to be standardised, and carried out by certain doctors experienced in such work. Furthermore information should be obtained much in the same way as insurance societies operate, as to who is a *good risk* parent. However, it is felt that after the completion of an adoption the adopting parents should have complete freedom in their further relations with the society. Investigations of the type required for this sort of survey would, therefore, be a violation of the privacy of the adopting parents. Nevertheless it is only by this type of work that the adoption societies can be happy about the parents to whom they are entrusting the children in their care. Perhaps the only way to get such procedures into general use would be further legislation on the subject.

THE CHILD FOR ADOPTION

In considering the selection of a child for adoption there is rather more legislation and children are invariably examined by a doctor prior to adoption. But there is again a wide variation of practise both inside and outside the societies and there is a move at the moment to standardise the procedure and stipulate who is qualified to carry it out. Clearly it is reasonable for the adopting parent to expect to know as much about the present and future health of the body and mind of the child they are adopting as ordinary parents would be able to know about their own offspring. This means that the doctor who examines the child should have had access to all available data about the child's inheritance, the mother's pregnancy and delivery, and the neonatal state. At the moment the adoption societies profess to take great care over the selection of children but the personal experience of many people would seem to indicate that a greater proportion of adopted children turn out to be mentally or physically impaired than might be expected from the total population of children. Two factors are involved here, the first being that in illegitimate pregnancies, from which most adopted children come, there is a greater risk of some abnormality appearing in the child than in the children of married mothers. Thus the children presented for adoption show a higher proportion of abnormalities. The second factor is the quality of the assessment and examination of the child to determine if there are any factors which might impair the chances of the adoption being successful. This is abysmally low because the examination is often, probably usually, done by doctors without special experience in developmental assessment.

The adoption societies are content to obtain the services of a well established G.P. and to ask him to give an opinion without

providing him with all the available information about the child's history. This is for work requiring the highest degree of specialisation—the assessment of a child's physical development at the age of a few months. According to Illingworth (*Archives of Disease in Childhood.* Vol. 34, No. 175), a child's I.Q. can be estimated at 4 months to within 10 per cent. of its value at school age. This is largely done on a basis of Gesell tests of development, so the physical potential of the child is also considered.

The entry of a handicapped child into the finely balanced situation of an adoption is clearly more likely to end in disaster than the entry of such a child into its own family; it is easier to accept such a child if it is one's own. It is, therefore, of great importance that proper steps are taken to ensure that adoption of a physically or mentally handicapped child does not happen. In 1958 a B.P.A. sub-committee was set up to examine the situation. At that time the law required that "The Doctor should state that he had informed the would-be adopters on the physical and mental examination findings" and that "the child is, or is not normal". How he is to ascertain these facts is left to him and to any rules the society in question make. There is a form published by the Lord Chancellor's office with a suggested scheme on it, but its use is not obligatory. The law still stands, but the sub-committee put forward the following recommendations:

(1) With respect to timing, that the child should be examined immediately after acceptance by the society and also immediately before the finalisation of the adoption which cannot be before the age of 3½ months.

(2) That the proper person to carry out the examination is a consultant paediatrician or someone specially trained in the work.

The age at which a child is best adopted is a controversial one. On the one hand is the necessity for providing the child with a stable home background from as early an age as possible. Unfortunately there is little work on the subject of the age at which a child is aware of its environment. Until the age of 6 months it will not appear to react to it very violently, although behaviour disorders have been reported in children younger than this. A final assessment of this problem must await much more information. In the meantime it would seem wise to resist the large body of medical opinion which states that children below 6 months are not aware of their environment and, therefore, the child's environment at this age is unimportant. On the other hand is the undoubted fact that the older a child is, the easier it is to make an assessment of his potential. As stated above, 4 months is the youngest time that this can be done with reasonable accuracy and the older the child is, the smaller the margin of error. In addition the reaction of the natural mother must be considered and the adoption societies feel strongly that the decision to give up the child is not to be taken lightly. They also feel that the present minimum age for finalisation of adoption, *i.e.*, 3½ months is the best compromise available. They do, however, have a regrettable, tendency to consider that their greatest success is when a natural mother decides to keep her child although this is not necessarily the best course for either. Possibly the best arrangement would be

early placement and late finalisation—though this has its difficulties with respect to the psychological trauma suffered by adopting parents if the child is taken away from them at 6-9 months.

Under present adoptive practise then, it seems that adopting parents are less likely than natural parents to obtain a normal child, whereas they could, and ought to stand a better chance. It would seem reasonable, therefore, to put legislation in hand along the lines of the B.P.A. sub-committee report in an effort to get a better deal for adopters, which would also be far better for the children.

Adoption societies go to great pains to place children in homes of equivalent social and intellectual standing to that of the natural mother. This presents considerable problems because, in the light of work done by Hilda Lewis, children come to them in the same proportions socially and intellectually as was found in the 1951 census, whereas the adopting parents come predominently from social class 1 and 2 (professional and the intermediate between professional and skilled workmen). Furthermore, the necessity of such a course is brought into doubt by work done in Canada (Skodak and Skeels *Journal of Genetic Psychology*, Vol. 75, 1949), to the effect that in 63 unselected cases the average I.Qs. of adopted children at adolescence were 20 points higher than were those of the natural mothers. A further study was done at the same centre (Harms and Skeels *Journal of Genetic Psychology*, Vol. 72, 1948), to the effect that the I.Qs. of 86 adopted children at 5½ years showed the normal range of intelligence, yet their natural mothers were all mentally deficient (I.Qs. below 75). It would seem from this that the child's I.Q. is dependent to a very large extent on its environment.

Finally, and probably most important, the personal choice of the parents as to which child they want, must be considered. Any amount of weeding out will not ensure the success of an adoption. This depends in the final analysis on the love and desire for children of the adopting parents and the family unity that grows between them and the child.

Fifty Years Ago

Advertisement in Gazette, 1911.

'The Surgical corset . . . .

For people suffering from Floating Kidney, Dropped Intestines, Weak Abdominal Walls, Obesity, Hernia :—

Mrs. Morison, Anatomical Corset maker.'

RESEARCH AT GUY'S

Bacteriology . . .

Research work in the Department of Bacteriology falls into two main groups. A large part of it is concerned directly or indirectly with clinical and other hospital problems such as the laboratory control of hospital infection, the principles underlying the use of modern high vacuum pressure steam sterilizers, the laboratory control of chemotherapeutic trials and the development of new methods for rapid identification of pathogenic organisms, especially staphylococci and tubercle bacilli, and of carrying out drug sensitivity tests. On the other hand, much of the work is of a more fundamental character and deals more with the biological or biochemical aspects of microbiology, for example with the mode of action of antibiotics and their effects on bacterial metabolism. But this work too derives much of its impetus from the association of the department with clinical problems. It is not always easy to maintain the right balance between the clinical and the more fundamental aspects of a subject like microbiology. But a bacteriology department situated in a medical school with its strong links both with the hospital and with other academic departments is well placed for the development of fundamental research arising from and often suggested by the practical problems arising in a hospital.

The main lines of work in progress at the present time are on the mode of action of chemotherapeutic drugs, on problems of drug resistance and on the metabolism and virulence of staphylococci and tubercle bacilli. For several years the department has been interested in the laboratory control of tuberculosis, in developing new media for the culture of tubercle bacilli and new methods for detecting sensitivity and the development of resistance to isoniazid, para-aminosalicylic acid and streptomycin. The clinical trials have come to an end for the present but work is continuing on some of the fascinating problems raised by the remarkable specificity of the antituberculous drug isoniazid. This work is supported by the Medical Research Council and the Guy's Endowment Fund. One of our main interests here has been in the relation between isoniazid resistance and loss of catalase and peroxidase in tubercle bacilli. (Professor R. Knox and Mr. K. Pickerill). The breakdown of isoniazid in uninoculated media and in the presence of organisms too has been studied and chromatographic methods used for separating the products which are mainly isonicotinic acid and di-isonicotinoyl hydrazine.

The mode of action of isoniazid and other antituberculous drugs is being investigated by Mr. J. W. T. Wimpenny (with a grant from the Guy's Hospital Endowment Fund). In order to trace the effect of these on the incorporation of radioactive isotopes into tubercle bacilli the organisms have been broken up by means of a modified

extrusion press which has proved effective. It seems that isoniazid inhibits the synthesis of deoxyribonucleic acid with secondary effects on the synthesis of ribose nucleic acid and protein while the effect of streptomycin appears to be much less specific.

The mode of action of new penicillins and the development of resistance to these are being investigated (Professor R. Knox and Dr. J. T. Smith). The recent isolation of 6-aminopenicillanic acid, the penicillin nucleus, in the Beecham Research Laboratories, has given a new impetus to penicillin research. We have investigated the *in vitro* antibacterial activity of methicillin (celbenin) and have fully confirmed in the laboratory its remarkable effectiveness against penicillinase-producing staphylococci. Methicillin (see *Guy's Hospital Reports*) has the interesting and rather paradoxical property of being highly resistant to the action of staphylococcal penicillinase and at the same time a powerful inducer of the enzyme in staphylococci which are thus deluded into formation of an enzyme which is of no use to them against the substance which induced it. The problem of the origins of penicillin resistance is also being investigated and an attempt is being made to understand more clearly some of the puzzling features of the development of resistance in staphylococci both to penicillin G and to new penicillins. In this work the cellulose acetate membrane technique is also being used successfully for distinguishing penicillinase positive and penicillinase negative colonies. The factors which encourage the development and loss of penicillinase in staphylococci are also being investigated.

Certain aspects of staphylococcal infection in hospital have been investigated in the past, frequently in collaboration with the department of Clinical Pathology. A joint investigation by the two departments is being made into the bacterial flora of some of the surgical wards in the New Surgical Block. The object of this investigation is to determine, if possible, the rate at which colonization of the New Block by staphylococci will occur. Before occupation, investigation of one or two of the wards showed, as was to be expected, considerable numbers of organisms in the air or dust but no evidence of invasion by pathogenic staphylococci. This is a long term investigation which is not likely to yield immediate results. One of the difficulties of this kind of work is how to assess what the isolation of staphylococci from air or dust really means. Much of the information is often purely qualititative and there is a need for more accurate quantitative methods which can be applied both to the isolation of staphylococci and the study of their biological characteristics such as phage type and coagulase and penicillinase activity.

The production of pyelonephritis in animals is being investigated by Dr. R. H. Gorrill in collaboration with Dr. S. J. De Navasquez of the Department of Pathology, with the object of producing lesions similar to those found in man. During this research organisms have been isolated from animals months after their injection. Further studies have continued on the importance of the route of infection in determining the number of staphylococci needed to initiate infection or to kill experimental animals.

Work on various aspects of sterilization problems has continued. The department has been consulted and has made a number of recommendations on the application of the principles of steam sterilization to modern autoclaves which make use of high vacuum to remove the air before the admission of steam. These autoclaves though much more efficient than the older type when working properly have their own problems too ; for example, the problem of wet dressings has not yet been completely solved. During the past year investigations have been made into the action of ethylene oxide, and Dr. J. C. Kelsey (now at Colindale) has investigated the problems of assessing the efficiency of ethylene oxide against organisms exposed to it on different types of surface. This is important since when organisms are exposed to ethylene oxide on blotting paper or filter paper they are much more easily destroyed than they are when exposed to it on a plastic surface as might be expected for example in a heart lung machine. This and other work on steam sterilization is being supported by the Medical Research Council. The subject of irradiation by means of gamma rays from a cobalt source is being investigated by Dr. J. G. Shoesmith on a grant from the United Kingdom Atomic Energy Authority. It is hoped shortly to obtain a source of cobalt suitable for this work and when this has been obtained to study the effects of steam, dry heat, ethylene oxide and irradiation on the killing of bacteria under different conditions.

This gives the main lines of work which are at present in progress and which it is hoped to continue in the future. Research in Virology at present is held up largely through lack of space, but it is hoped that space and funds will be provided to allow a proper development of this important branch of microbiology.

DICTUM

Patient, after visit to Antenatal Clinic :

"The Doctor gave me a digitalis examination."

Husband :

"I hope he wore a fox glove."

CORRESPONDENCE

Letters to the Editor of the Gazette

Closed Chest Cardiac Massage

SIR,—I was recently asked for my views on the advisability of training employees in closed chest cardiac massage. The persons concerned would be scientific and industrial staff, some of whom may have been through a recognised first aid course.

I should be very grateful if you would let me have your comments on this.

Yours etc.,

R. G. ORR.

Medical Division,
Atomic Energy Research Establishment,
Harwell, Didcot, Berks.

Photographic Society Competition

SIR, This years Photographic Competition and Exhibition will be held at the end of October, the details of which will be announced later. The competition will be divided into the following four sections for both colour, and black and white photographs.

(1) Portrait.
(2) Pictorial.
(3) Student Life.
(4) Life in the Borough.

In sections one and two, first second and third prizes will be awarded. In the last two sections there will be prizes for those pictures which are accepted for Hospital records.

It is because student life is remembered rather than recorded, and because life in the Borough is changing so rapidly, that we are including these two sections in the competition. Pictures of students at work, recreation, at home and on holiday are wanted. Pictures of nurses and physiotherapists will also be accepted.

Although the penny whistler whose stage was the bottom of the station steps, has gone, the occasional horse drawn cart is hemmed in by lorries, and bricks are being hidden in the shade of concrete; there are still many scenes worth recording in the Borough. The market and the docks, the Cathedral and the pubs are the first that come to mind.

Those who submit photographs for the last two sections must be prepared to lend their negatives or transparencies for copying.

Prints, as usual, should be well mounted, and not smaller than half-plate. It is hoped that past as well as present members of the Hospital will submit entries for both the Exhibition and the Competition.

Yours etc.,

MARTIN WALKER,
Sec. Photographic Society.

Guy's Hospital, S.E.1.

REVIEWS

A Textbook of Medicine, thirteenth edition. By SIR J. J. CONYBEARE, and DR. W. N. MANN. 987 Pp. Livingstone. *Price* 45*s*.

Sir John Conybeare and Dr. Mann are to be congratulated on this latest edition of their textbook which has so well proved its worth since the first edition of 1929. The quality of the volume under review exceeds the reputation of its predecessors. While the book retains its former layout, a number of changes have been made in the list of contributors and a considerable revision has been undertaken to expand, elucidate, and modernise the text of the 1957 edition. In this way the most important criterion for success—adaptability is fulfilled, and one feels sure that herein lies at least part of the secret of the book's considerable popularity.

The method of presentation of each section is so consistent that it is often difficult to remember that the book is compiled by seventeen different contributors. This quality, with the high standard of writing employed endows readability—a virtue uncommon in books dealing so widely in medicine, but which is absolutely necessary for the student, to whom interesting presentation is of more value than bald facts. Criticism heard by the reviewer that the text is ponderous and boring have been found totally unjustified—one feels that such criticism comes from the wrong side of the cover.

The recent changes in the book have resulted in several outstanding sections which are noteworthy. Professor Rosenheim's discourse on diseases of the kidney is a description of renal lesions and their clinical phenomena based on a modern explanation of renal physiology and pathology. The section on tests of renal function, oedema, and urinary infections and their treatment are of special merit. The conciseness of this section (under 60 pages) is both an encouragement and a lesson to all who read or write textbooks. Dr. P. M. F. Bishop has extensively revised his section on the Endocrine diseases and has expanded the section on the thyroid gland and steroid therapy, incorporating the progress made in the last three years in these fields. The section on diseases of liver, pancreas, and peritoneum by Dr. Mann is much enhanced by clear cut and informative illustrations in the description of jaundice, and contains a few pages on cirrhosis which deserve special attention for completeness and clarity.

A new section on venereal diseases by Dr. A. S. Grimble has appeared, and considerable miscellaneous additions have been made, such as an account of ionizing radiation and oral hypolycaemic drugs.

Most of the remaining sections remain basically the same, although considerable revision of the text has taken place. Dr. Maurice Campbell's authoritative section on diseases of the cardiovasculor system and the chapter on tuberculosis by Dr. Brooks of St. Mary's were noted for their clinical descriptions and attention to detail, particularly regarding treatment.

The illustrations are occasionally inadequate both in distribution and in quality. In the section on Helminthic diseases, a chart of the world distribution of Schistosoma claims a whole page and yet there are no illustrations in the chapter on dermatology. It seems a little hard on the student to expect him to immediately conjure up a vivid picture of (for instance) Acanthosis nigricans by reference to the allotted description: ". . . rugosity of the skin with papilliform vegetations, confluent or discrete, and pigmentation varying in depth from brown to black . . . etc." The diagrams, where found, are first-rate. X-ray plates seem to provide a problem when it comes to printing: some appear gritty, and detail suffers as a result.

This is a valuable book for both student and practitioner: the student will find a well ordered systematic textbook, easy to read and extremely cheap at the price, the practitioner will find a wide range of subjects covered with up-to-date details of diagnosis and treatment—A very worth-while combination.

R.S.

Essentials of Neurology. By Dr. J. N. WALTON, M.D., M.R.C.P. Pitman Medical Publishing Co. *Price* 30*s.*

Short textbook of . . . An introduction to . . . Handbook of . . . how often is the poor student disillusioned and overwhelmed when he sees a massive tome described in the above terms ! In the days when his shelves groan under their heavy weight it is refreshing to find such a notable exception, for Dr. Walton has succeeded in producing only "essentials" with little loss, from a student's point of view, in his subject matter. In less than 400 pages he gives a clear, concise text of neurology aimed at the undergraduate and postgraduate student.

The book is broadly divisible in two sections—the first ten chapters are devoted to the symptoms, signs, investigation and pathological changes occurring in neurological disorders while the second half of the book describes, explains and discusses specific clinical diseases.

Treatment, however, is not considered under each heading in the latter half but has a forty page chapter (the last) given over to an outline. In many ways this is unsatisfactory for it gives the impression that diagnosis is more important than treatment; in addition, although there are admirable sections on the relief of pain, sedation and on the management of epilepsy, of the paraplegic patient,, of respiratory paralysis, etc., the account is too brief even for the unqualified student. It is to be hoped that in a future edition this section will be at least expanded and at best included under individual headings in the main body of the book.

The production and presentation is quite good but there is a singular lack of illustrations and diagrams—12 in 400 pages—in a book of this sort.

However, there are very minor criticisms and on the whole as a text and basis in neurology for students—qualified or not—it may be enthusiastically recommended.

F.A.W.S.

Concepts of Medicine. By Dr. BRANDON LUSH, M.R.C. Published by the Pergamon Press, 1961. 286 pp. *Price* 50*s.*

This admirable book contains a number of papers and addresses selected from the journals over the years by Dr. Lush and brought together into one volume.

It is hard to describe the book exactly, for it covers such a wide range of topics, but Dr. Lush says in his preface that one of his aims is to help to counter that trend in medical education which produces too specialized an outlook.

The first part discusses the place of medicine and the medical profession in society and contains four papers on the education suitable to prepare one for the practise of medicine. There are discursions into medical ethics and general practise, and a paper by Platt on "Life (biological, not biographical)" in which he discusses fragments of biological knowledge which interest him. A recurrent problem in this section is that of communication and dissemination of knowledge between simultaneously advancing fronts of medicine, biology and other sciences.

The second part is concerned with concepts of normality and disease, from Ryle's paper on "The Meaning of Normal" to Pickering's papers on essential hypertension and on the regulation of body temperature in health and disease.

The last part is similar to the first in that it concerns the place of a discipline; not that of medicine in society but that of research in medicine. In particular it contains two papers which helped me to put my ideas about research into perspective, "The Methodology of Clinical Science" by Spence and "The Place of the Research Institute in the Advance of Medicine" by Harrington.

The book provides food for thought and is well worth reading.

P.J.W.

Aids to Physiology. By E. T. WATERS. Baillière, Tindall & Cox. 5th Edition. 286 pages. *Price* 10*s*. 6*d*.

Physiology is essentially a subject of basic principles which once understood, render the subject one of simplicity and common sense. One might imagine that these principles could be elicited and understood by reading this small book. In fact that is not the case and the book's contents do not help towards training the mind to think physiologically.

What the book does do, in a more readable manner than most of the series, is to provide a framework around which the student may build his knowledge. It forms a nucleus which could give the student a useful indication of what may be heard at lectures or found in larger textbooks. Thus it serves as an index, needing such amplification as to make its acquiescence almost superfluous.

The book is written under the usual headings. The first, almost introductory chapter deals with the internal environment of the body; the second affords a comparison between the properties of muscle and nerve and the succeeding chapters are devoted to the cardiovascular system and the blood, to respiration, digestion, metabolism, the nervous systems and the organs of paramount importance in the body. It concludes with three pages on the regulation of body temperature.

The organs of special sense are not mentioned and this omission illustrates that it is not feasible to condense the requisite material pertinent to this subject into 270 pages of small print.

R.S.

We are pleased to acknowledge receipt of the following from PAN Books Ltd. :

GOLDFINGER—FLEMING
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THE INSCRUTABLE NYMPH—DUFFIELD
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DAMNED SHALL BE DESIRE—COULTER
THE INTRUDER—BEAUMONT
THE BATTLERS—TENNANT
CHILDHOOD'S END—CLARKE

HOSPITAL INFORMATION

APPOINTMENT VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (middle grade) in the Department of Dermatology** with appointment to date from 1st October, 1961, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent **not later than 25th August, 1961.**

PASS LIST

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

June, 1961

Pass

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N. R. Chudleigh	J. D. James
Diana E. R. Cornick	M. L. Maberley
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N. A. L. Baker	Sarah A. Larkin
J. L. Banfill	I. McCormick
R. L. Bartlett	S. J. Mackay
D. A. Biggs	D. O. Matthews

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D. J. Boddy
H. P. Briggs
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J. G. Cook
G. A. N. Edgar
B. D. Glynn
J. J. Greenwood
D. H. Griffiths
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J. E. St. Pierre
W. T. Sholl
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July, 1961

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P. J. R. Cox
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J. Lambourn
Sophie Lo
Sarah A. Marshall
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N. Ramsbottom
J. P. Saunders
J. P. Sedgwick
P. A. Sims
R. A. Sturge

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

Final Examination

M. L. Brenchley
K. F. Moos

CONJOINT BOARD

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July, 1961

Pathology

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*M. D. Steyn
*R. Tanner
*R. C. Wales
*Jillian M. Wandless
*L. J. F. Youlten
*I. Ziment

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

July, 1961

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

*P. M. J. Ephson

Midwifery

*P. M. J. Ephson

*Has completed the examination.

GUY'S HOSPITAL DENTAL SCHOOL

David Frank Sturdee Third Year Prize

June, 1961

The following awards have been made :—

First Prize : Griffiths, D. H.

Second Prize : Ashby, G. G.

Examination for the Newland-Pedley Medal and Prize for Operative Dentistry

June, 1961

The following awards have been made :—

Medal and Prize : Rowe, R. C. G.

Certificate : Hodges, N. J. D.

NURSING NEWS

Entered :

Sister G. Blackmore to *Preliminary Training School*

Sister R. Bolshaw to *New Cross* 4B.

Sister M. Gates to *New Cross* 3A.

Left :

Sister D. Hughes from *New Cross.*

Sister Maye Smith from *New Cross.*

Staff Nurse P. Gooding.

Staff Nurse D. Howells.

Staff Nurse Rea.

***

The following Nurses have passed the Final State Examination June, 1961 :

Baker, J. M.	Marten, S. M.
Beech, A. B.	Mawer, J. R.
Bontoft, S. M.	Mayne, M. A.
Branson, J. M.	Nash, S.
Broome, G. M.	Parker, S. F.
Bull, W. J.	Pepper, E. A.
Burgess, P. A.	Pritchard, J. C.
Cameron, S. A.	Purves, D. P.
Campbell, A. U.	Rees, E. A.
Carter, S. B.	Roodhouse, J. M.
Cartwright, S. B.	Sedgwick, A.
Chapman, B. M.	Seebold, R. B.
Coe, E. A.	Skinner, J. M.
Cox, S. E.	Smith, D. J.
Douthwaite, J. H.	Smith, J. H.
Faulkner, B. E.	Smith, L. M.
Forshaw, M. G.	Smith, M. V.
Foster, M. D.	Stephenson, R. A.
Goff, P. R.	Thomas, J. L.
Grewcock, A.	Thompson, J.
Hampson, P. A.	Thompson, P. A.
Haycraft, J.	Watkinson, J.
Keely, V. J.	Watson, M. C.
Lennane, F. M.	Willis, J. A.
Lowe, R. A.	Wordsworth, K. R.
Lucken, M.	Wright, P. C.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Acheson, R. M. The Aetiology of Coronary Heart Disease in Old Men. *Brit. J. prev. soc. Med.*, 1961, **15**, 49.

Anderson, K. and another. The Bacteriological Screening of Desiccated Coconut. *Med. J. Aust.*, 1961, i, 856.

Brock, Sir Russell. Museum, Research and the Inspiration of Hunter. *Ann. R. Coll. Surg. Engl.*, 1961, **29**, 1.

Brock, Sir Russell. Radical Pneumonectomy. *Brompton Hosp. Rep.*, 1960, **29**, 179.

Brock, Sir Russell. The Surgical Treatment of Aortic Stenosis. *Brompton Hosp. Rep.*, 1960, **29**, 208.

Brock, Sir Russell. Pure Infundibular Stenosis. *Brompton Hosp. Rep.*, 1960, **29**, 217.

Citron, K. M. and others. Clinical and Immunologic Significance of Aspergillus Fumigatus in the Sputum. *Brompton Hosp. Rep.*, 1960, **29**, 63.

Citron, K. M. and another. Para-Aminosalicylic-Acid (P A S) Concentrations in the Serum during Treatment with Various PAS Preparations. *Brompton Hosp. Rep.*, 1960, **29**, 113.

Cosin, L. Z. and others. Bedsores. *Lancet*, ii, 76.

Dixon, A.-St. J. and others. Studies of Gastrointestinal Bleeding caused by Corticosteroids, Salicylates and other Analgesics. *Quart. J. Med.*, 1961, **30**, 167.

Douglas, D. M. and others. Renal Arteriography and Differential Renal-function Tests in the Diagnosis of Unilateral Renal Hypertension. *Scottish med. J.*, 1961, **6**, 295.

Hume, K. M. and another. The Response to Bronchodilators in Intrinsic Asthma. *Quart. J. Med.*, 1961, **30**, 189.

Jones, Howell and others. Ileus and Post-operative Intestinal Motility. *Lancet*, 1961, ii, 136.

Joseph, M. C. and another. Sinus Arrhythmia in Rheumatic Fever. *Amer. Heart J.*, 1961, **61**, 634.

McKeown, T. A. Hospital Plan Based on a Teaching Centre. *Brit. med. J.*, 1961, ii, 166.

Nissim, J. A. Gastrointestinal Lesions in Starvation Induced by Drugs or Simple Food Reduction. *Lancet*, 1961, ii, 132.

Oliver, Leslie and another. Stereotaxis in the Treatment of Parkinsonism. *Postgrad. med. J.*, 1961, **37**, 423.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

INDEX 1960 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding cases 5/6d. each.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

G. C. W. Baker, M.B., F.R.C.S., Dept. of Orthopaedics, Edinburgh Royal Infirmary. Home Address: 33, Corslet Crescent, Currie, Midlothian. (Tel. Currie 481).

R. H. Blazeby, M.R.C.S., F.F.A.R.C.S., Radingham, Kingston, Canterbury, Kent. (Tel. Barham 458).

Dr. W. D. Hayley, 31, Trinity Church Square, London, S.E.1. (Tel. Hop 1474).

BIRTHS

ATKINSON.—On 27th July, 1961, to Terry (née McCarthy), S.R.N., and Tony Atkinson, M.R.C.S., D.Obst. R.C.O.G.—a daughter.

BALFOUR-LYNN.—On 21st July, 1961, at Queen Charlotte's Hospital, to June, wife of Dr. Lionel Balfour-Lynn, a second son (John).

BOYLE.—On 14th June, 1961, at Marlborough, to Barbara and Martyn Boyle a daughter (Andrea Caroline).

HAYLEY.—On 15th July, 1961, to Anne and Dr. David Hayley—a daughter.

LANSDOWN.—On 29th July, 1961, at Nuffield House to Liz and Peter Lansdown, a son (Richard), a brother for Joanna.

RIPMAN.—On 30th July, 1961, at Red House, Sproughton, Ipswich, to Joanna wife of Hujohn Ripman—a son.

MARRIAGES

LEGG—HARVEY.—On 10th June, 1961, Owen C. Legg, M.B., B.S., to Helen Harvey at Sydenham Baptist Church.

DEATHS

SOUTHCOMBE, John—(Head Porter), on 3rd August, 1961, suddenly (aged 57 years). A valued and loyal servant of Guy's for 30 years.

Eds. { S.R.M. R.A.S.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1907 *26th August* 1961 *One Shilling*

PASSIM

"The half-hour visiting period is a relic from the age of the Infirmary, of the horse and buggy."

Enoch Powell.

NOT since the revolutionary days of 1947 and the epoch of Aneurin Bevan has a Minister of Health produced so many quotable quotes as Mr. Enoch Powell. Not since those days has there been such a stimulating idealist and promiscuous criticizer of medical services. It would not be so intolerable if he was not nearly always right, but it would help if he knew why he was.

Mr. Powell was fortunate in coming to office at a time when criticism of the Health Service was breaking into the open, so that with a few well timed criticisms of the Service he found himself in the vanguard of fashion. Newspaper and magazine editors all appear to be avid for critical articles, and at present it is left entirely to television to suggest that one or two doctors and nurses may be trying quite hard. Many of the criticisms are deserved and many overdue, as Powell says :

> "Up to the present the hospital service has been living on the capital reserves of goodwill built up in the days of the voluntary hospital. These reserves . . . will be exhausted unless the hospital service is prepared to adjust its ideas and modify its attitude to the arrangements it makes for the comfort and welfare of patients".

The criticisms are well founded in demanding that the welfare of patients must be the prime objective. We differ with the critics on how this is best obtained under present circumstances. *The Pattern of the In-patients day* states that the hospital day exists for the convenience of the patient and not of the staff. How we all wish it did, and how we all wish it could ! With the present staff patient ratio it cannot be. Major changes towards convenience for the patient require great increases in staff and those increases must be made by Mr. Powell himself.

The waiting at out-patient clinics throughout the country appals everyone. It is true that the system appears built on the principle that the consultant's time is priceless and that of the patient valueless. The reason for the system is that under present staffing arrangements

the consultant's time *is* priceless and that of the patient relatively valueless.

The fact that the Maternity services have come in for most criticism will surprise no one who has worked in a hospital long enough to find that in no other sphere of medicine are the staff, be they midwives, house officers or consultants, so mentally and physically overworked. (The three Guy's resident obstetricians between them have three times as many night calls as the sum total of those of the other 35 resident house officers). The patient may well "wish that Doctor was with me more". Doctor wishes he could be, but finds it difficult while each night of alternate weeks he has less than 4 hours sleep and a very full day's routine work ahead.

We do not excuse ourselves from all the accusations that are made, and in fact should be grateful of the assortment from which to choose. We agree in theory that "more attention should be paid to the individual as a patient rather than devotion to the hospital as a machine". But as things are at present we differ with Mr. Powell about the means to the end. He must forgive us for resenting him and his fellows so often; it is just that we feel he is rather an outsider.

It is a pity, Mr. Powell, that you are not qualified to come and do a locum job here for a week. We would have to arrange it soon for you are obviously destined for higher office. We would be delighted to have you (you could have my room in the College and I could have yours in Belgravia). You might find that some of your criticisms are true: you would find certainly why they may well remain true. Who knows, you might even find that quite a few of the staff try quite hard quite a lot of the time.

> "Probably the politician, who lives his life amid the shot and shell of opposition and abuse and is never really happy unless he can hear the bullets whistling, too easily underestimates or misunderstands how sensitive to criticism, be it real or imagined, the members of other, very different callings can be."
>
> **Enoch Powell.**

(Who often has and sometimes deserves—the last word)

Medal for Mackeith was the *Times* headline which caught the eye of at least one top person at Guy's. We missed it, reading as is our habit a more liberal newspaper, but nevertheless were pleased to hear of the success of Captain Robert Mackeith, R.A.M.C., at Bisley.

"It can't be the same one who was in our team two years ago" said a spokesman of the Guy's shooting team. But it was; and he had won his silver medal for the best score (104 out of a possible 105) in the qualifying round for the Queen's Prize. In the Prize itself he came 11th which is a magnificent achievement, especially since the scores in the qualifying round do not count towards the final placings for the Queen's Prize. Other people were impressed also: Captain Mackeith was hastily included in the Scottish team, and shortly afterwards was invited to represent the Army by authorities who were rather taken aback to find a sharp shooter in the R.A.M.C.

We were very pleased to hear of the appointment of Doctor S. S. Barker, senior anaesthetic registrar, as Consultant Anaesthetist to the Guildford Hospital Group. He starts work in Guildford this October.

Our attention was captured by an advertisement in this issue for a Dental Officer to look after the dental problems of patients in the general wards. He will fulfill a most useful function. It has always seemed incongruous that anyone in England or even from abroad could come to the Casualty Department for immediate treatment at any time of any day, whilst a patient in the general wards with toothache sometimes had a long wait before protocol allowed the condition to be treated. The new appointment will be a valuable contribution to patients' welfare.

We congratulate the lawn tennis team upon their recent victory over King's College Hospital enabling them to bring back the United Hospitals Lawn Tennis Cup.

On a night round last week we stumbled across a man on the roof of New Guy's House taking photographs. It was very dark and we couldn't help suspecting that his snapshots would come out like most of our holiday pictures—very dark. More surprises were in store: beneath a bed in *Esther* ward there was a man with a flashlight. The two of them were taking pictures for our adventurous young contemporary *The Nursing Times*, and New Guy's House presented for their benefit a somewhat surealistic scene with unusually immaculate house surgeons posing hopefully about the place.

When last seen the reporters had stopped reporting and were heading for the Casualty Department, the one who had been loitering underneath the bed complaining of "sore eye from flash powder". It could have been worse.

IN BRIEF :

Dr. E. R. Boland has been re-elected as Censor of the Royal College of Physicians for the coming year.

J. H. B. Yule, M.Ch.(Oxon.), F.R.C.S., has been appointed consultant surgeon to the Blackpool and Fylde Hospital Group.

One Volume of Bright's *Reports of Medical Cases* 1827 was bought for £220 at Sotheby's last week.

Dr. Robert Cook, who qualified from Guy's in 1960, left London last week for North East Jordan. He is to be medical officer to the Save The Children Fund in the Irbid region of Jordan for the next two years.

Surgeon Rear-Admiral William Holgate has been appointed Chief Dental Officer to the Ministry of Health as from December.

Mr. G. W. Cooke and Mr. R. M. Crowe have been elected to serve as student members of the *Gazette* committee.

NOTICE

Maccabaean Prize and Medal

The Faculty of the History of Medicine and Pharmacy

Entries are now invited for the 1962 Maccabaean Prize of 25 guineas and a bronze medal, which is awarded annually by the Faculty of the History of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London. Competitors, who must be under 30 years of age on 15th March, 1962, will be required to submit before that date an essay of not more than 6,000 words on *any* subject connected with the history of medicine or pharmacy. Entry forms, which must be completed and returned before 15th October, 1961, and further details may be obtained from the Honorary Secretary of the Faculty, Dr. F. N. L. Poynter, The Wellcome Historical Medical Library, The Wellcome Building, Euston Road, London, N.W.1.

OBITER DICTA

Heard in the Television room during the Test Match, watched by a Transatlantic visitor:

" Say, who's the cute guy with the paddle ? "

Dr. Joiner:

" Tickle is a rather curious pleasurable form of dilute pain, if you know what I mean."

RESEARCH AT GUY'S

Dental Medicine . . .

The Department of Dental Medicine has two appointed teachers engaged in part-time and two fellows engaged in whole-time research.

Professor M. A. Rushton has been collaborating with Dame Janet Vaughan and Dr. Maureen Owen (M.R.C. Bone-seeking Isotopes Research Unit) and Surg. Rear-Admiral W. Holgate (D) in a study of the effects of 90 strontium on the teeth and jaws of rabbits. Histological investigations performed here have been correlated with dosimetric studies done at Oxford on the opposite side of the jaws. Vaughan and co-workers had shown that, in weanling rabbits which received a single intravenous injection of 500-1000μc 90 Sr/kg., all surviving 6 months developed multifocal osteosarcoma of the jaws as well as other bones. Similar tumours occurred in rabbits injected at 1 year of age and in these the jaws appeared a more common site than other bones. In a further series* of rabbits recently examined, which had an injected dose of 600 μc/kg., growth of the teeth was arrested and the dentine, which had taken up a heavy burden of 90 Sr., was thus retained in the jaw instead of continuously erupting and being worn away by chewing, as was the case when a small injection dose was administered. Unlike much of the bone, the dental hard tissues are not remodelled so that an important source of β radiation persists in the jaws.

The study shows the nature of the severe damage produced both in the teeth and in the adjacent tissues, the radiation dose-rates in relevant areas at different intervals after injection, and the calculated accumulated doses. It has been of interest to observe the different degrees of sensitivity to this radiation of the cells concerned in tooth formation according to their type and maturity, and to compare these cells with those concerned in the formation of bone. With the possible exception of cementoblasts, there was in the former a striking absence of proliferative reactions whether neoplastic or otherwise, and the resistance of mature odontoblasts to heavy doses of β radiation was remarkable.

A sequence of changes led to the appearance of osteosarcoma in 4 to 6 months on the surface of bone forming the sockets of the teeth in areas which had received an accumulated dose of about 20,000 rads. A further series injected by Vaughan at the same dose level but at 1 year of age or more is still being examined. In these older animals the teeth contain very much more 90 Sr. and the bone less,

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*Rushton, M. A., Owen, M., Holgate, W., Vaughan, J. (1961). *Arch. oral. Biol.*, **3**, 235-246.

so that the dose rates in the jaws can be extremely high. In spite of this, in rabbits injected at more than 3 years the growth of the teeth is much less affected and most of the 90 Sr. in them may be lost by attrition after 6 months. Osteosarcoma in this series has taken longer to develop than in the weanlings.

Mr. B. E. D. Cooke, Reader in Dental Medicine, has been studying the diagnostic, clinical and histological features of pemphigus vulgaris and vegetans as they affect the oral mucosa, with special reference to their vagaries in early cases and when modified by steroid therapy. A biopsy is essential and even the gentlest handling of the tissues may result in a "histological Nikolsky" with a slit-like suprabasal bulla.

Epithelial smears from the base of intact bullae or recently ruptured bullae, or from the depth of fissures and surface of granulations, show all transitions between normal epithelial cells and the Tzanck cell. Many smears have to be taken and the real Tzanck cells with round hyperchromatic nuclei and a peripheral condensation of basophil cytoplasm are not easily found. Perhaps the most striking feature of these smears is the profusion of multinucleated epithelial cells, the result of the great reparative power of the oral mucosa.

In the diagnosis of an oral cancer, epithelial smears are simple to obtain but can never replace the need for a biopsy. At the most they only provide confirmatory evidence.

A double-blind controlled clinical trial has demonstrated that in the treatment of the Mikulicz type of recurrent oral ulceration, tablets containing 2.5 mg. of hydrocortisone hemisuccinate given four times a day are of value in reducing by half the degree of ulceration, especially during acute exacerbations. Complete remissions are not induced nor are they maintained by the treatment in the type of case that is severe enough to warrant this therapy. Since it in no way cures or prevents these troublesome ulcers, four tablets a day for eight weeks would appear to be enough to help a patient during a particularly severe bout of ulceration. The resultant relief from pain may induce such a feeling of well-being that the ulceration may remain at a less severe level for a month or two, after which another period of therapy could then be tried if desired. Mikulicz's aphthae are characterised by 1-4 ulcers present at any one time on the non-keratinised mucosa. Their site is determined largly by trauma, and the ulcer begins clinically as a thickening of the mucosa, which within 24 hours breaks down into an ulcer without any vesicular stage. This trial was reported in the *Brit. med. J.* (1960), **1**, 764.

Mr. M. N. Naylor, Dental Research Fellow, is working in collaboration with Dr. D. J. Anderson of the Department of Physiology in an attempt to elucidate the mechanism of sensation in human dentine. He is particularly concerned with a study of the phenomenon of painful sensation to stimulation (with cold), a stimulus which is reliable in eliciting pain, and which can be controlled as to strength and varied with relative ease.

Much controversy centres around the mechanism of propagation of a stimulus through dentine. One school of opinion favours the

presence of sensory nerve receptors and fibres coursing within dentine, while another supports the view that dentine is devoid of functional nervous elements and that the stimulus is propagated through dentine to the nerves of the pulp by some disturbance of the contents of the dentinal tubules, which may or may not be associated with the Tomes' processes of the odontoblasts. A further hypothesis has been put forward that no specific receptor and propagating mechanism is present and that the stimulus is conducted physically through dentine. These theories are based largely upon the presence or absence of morphological evidence derived from complex histological studies and are almost entirely lacking the support of physiological experimentation. Therefore a series of experiments, functional in character, have been designed and are being carried out.

An apparatus, based upon the principle of thermo-electric cooling, has been built which enables the application of precisely known thermal stimuli over a wide temperature range to be applied to dentine. Using this apparatus, it has been shown that the threshold for pain sensation lies between 27° and 31°C. for cold stimulation and 41-43°C. for hot stimulation. Between these threshold ranges no sensation of cold or warmth is perceived, thus supporting the view that a thermo-receptor mechanism is not present in the tooth. Further, these threshold values do not appear to be influenced by the depth of a cavity.

In order to determine whether a specific receptor and propagating mechanism for thermal sensation is present in dentine, experiments are being carried out on freshly extracted sound premolar teeth, in which a study is being made of the thermal pattern at the dentine roof of the pulp chamber arising from cold stimulation of an occlusal cavity. Comparison of the times required for detectable temperature changes to occur at the pulp roof with the "reaction times" to similar cold stimuli applied to cavities 'in vivo' confirms that there is a specific receptor and propagating mechanism in dentine, the precise nature of which is not yet understood.

An account of this work is being submitted shortly as a thesis for the Ph.D. degree of the University of London.

Mr. Naylor is also continuing his histological investigation of the distribution and function of reticulo-endothelial cells in the periodontal membrane of the continuously growing incisor teeth of rodents.

Mr. R. Duckworth, a Nuffield Dental Fellow, in collaboration with Mr. R. D. Emslie of the Department of Preventive Dentistry and Mr. N. Veall (Radio-isotopes) has been studying the uptake of fluorides by the teeth from chewing gum and toothpaste, employing a radio-active isotope of fluorine.

FIVE YEARS ON THE SANDRINGHAM ESTATE

By MAURICE MOTTRAM

"Does anyone want to go and attend the King at Sandringham ?" said a house surgeon at Guy's as he came in to lunch one day in the spring of 1905. I was eating someone else's lunch. I don't mean that I had stolen it, but I was deputising for another house surgeon, and so was entitled to his free meal.

"What's the job ? " I asked.

"I don't know," he replied. "If you want to know more, write to Peter Jackson at Sandringham."

Peter had qualified and left the hospital about a year before. My appointment ended in a few days and I was going home to Norfolk anyhow, so I wrote for details. I got a very short reply. It was quite a nice job and if I liked I could come on the following Wednesday; he was leaving on Thursday. In spite of the extreme vagueness, I decided to go and look at it.

* * *

On arrival I gathered that my chief, if he was willing to employ me, was Sir Alan Manby, who lived nine miles away at East Rudham, and who had the rather curious sounding appointment of "Surgeon Apothecary to the King at Sandringham." He came the following day and I think got rather a shock, for though I was 22 I looked about 16.

He impressed on me that this was the King's private home, and people who wanted to "stand and stare" were not encouraged. I think he was quite right, but in my case he need not have worried, for at that age I was stupidly very shy in the presence of those whom the Catechism calls "my betters", a phrase I like. And here it is appropriate to say that in my few contacts with Royalty I was much impressed with how graciously they made one feel at ease.

It was decided that I should stay on trial for three months. I stayed for five years . . .

* * *

My duties were to attend the house staff, gamekeepers, etc., and all employees in the villages belonging to the estate. I had very comfortable rooms in the village of West Newton.

And then began a very happy time. I soon had lots of friends, and what splendid men the West Norfolk farmers were, and how hospitable ! The area of work being limited, there was not as much as in a normal country practice. Part of the object of my being there was to deal with emergencies, as Sir Alan lived nine miles away. Thus I got tennis in the summer and an occasional day's hunting with the West Norfolk hounds in winter. Of course, I had to be available when the court was in residence, which in King Edward's

time was for about four separate weeks in the winter. King Edward had a stud of shire horses. At intervals a sale was held, and on those occasions the King took two whole hotels in Hunstanton, invited all the leading breeders and put them up free. There was, of course, a dinner the night before, and the agent kindly invited me to the dinner. And what a dinner it was ! It was one of those outstanding events which one never forgets.

King Edward died while I was at Sandringham. In many ways there was not much change. I think perhaps King George liked the quiet and privacy which were maintained. In place of the large house and shooting parties, he shot with a few friends, and often with one or two of his farmer tenants. On Sundays perhaps about 30 or 40 people assembled to see the Royal party go to church, but from the road through the railings which at that time bounded the end of the park. A correspondent wrote recently in a newspaper in this connection: "The women curtsied and the men raised their hats." Times change.

* * *

My actual meetings with Royalty were few. Once on my way to Sandringham House I met Princess Victoria with her Aberdeen terrier. There are apparently no social distinctions among dogs. My bull-terrier, luckily a good-tempered old fellow, advanced on the Aberdeen and there was the usual rubbing of noses and sniffings.

On another occasion I was visiting an old pensioner at one of the lodges when a car drew up and Queen Alexandra and another lady got out. My first inclination was to retreat to another room, but then I realised what an ass I should look if Her Majesty chanced to look in. She wished me "Good afternoon," and I was going out when at the door I ran into the other lady, who, I was told later, was the Dowager Empress of Russia. I suppose a social climber might have looked upon this as a great opportunity.

On another occasion I was waiting in the housekeeper's room at York Cottage when Queen Mary looked in and asked if I knew where the housekeeper was. When she found her she said, "There is a very frightened looking young man in your room. You had better go and see what he wants."

* * *

On King George's first visit to Sandringham after his accession the tenants and heads of departments were summoned to York Cottage to meet him, and I had the honour of being included. I was not actually a tenant, nor was I a direct employee, but I ranked as a tenant, which meant that I was lucky enough to be invited to any gathering at which the tenants were present, such as the audit dinner, lunch at the tenants' shoot and the play which was performed by a London company on King Edward's birthday. On the occasion in question the head tenant made a short speech of welcome, and King George shook hands with us all.

The Royal children spent a good deal of time at York Cottage; Queen Alexandra retained Sandringham House. The three elder ones were often seen out with their tutor or riding with the stud groom.

I remember in particular Princess Mary, now the Princess Royal, rode a very good chestnut pony which filled me with envy.

* * *

In 1910 I became engaged to a daughter of my next door neighbour, a well-known and highly-respected West Norfolk farmer, and I left to have a practice of my own in the Midlands. I had had five very happy years, had learnt a lot from my chief, and, best of all, had acquired a wife.

What apparently trivial things influence our lives. I should have had none of this if I had not been eating someone else's lunch !

CORRESPONDENCE

Letters to the Editor of the Gazette

In Praise of the College

SIR,—I have been a reader of the *Gazette* for some years, and have seen many letters in praise of various parts of the Hospital, but up to now have never seen anything favourable in print about the College.

It is referred to as a "Red Brick Ruin" and other uncomplimentry terms, and it was mentioned only recently during the Queen's visit that the children outside were there to divert Royal attention from its appearance.

I would like to say that this building which houses the Residents is kept cleaner and run more efficiently than some other places I could mention.

I have seen the staff constantly clearing up innumerable loads of debris and and other filth left from "parties" and other occasions. The rooms are turned out regularly and furniture ruined by "could not care less" people replaced. The carpets and curtains are washed constantly, and considering that two of the Staff are in their 60's I think it is quite somthing to see them at work. I wish to express my appreciation to Miss Jean Bailey and her helpers for their splendid efforts. I imagine they get little thanks for them.

If this letter is printed no one will be more surprised than myself.

Yours, etc.,

61, Trinity Church Square. B. N. PICKERING.

Editor's Note:

You are wrong; no one will be more surprised than W. E. Gladstone (the College is "a highly creditable building of which London and the neighbourhood can have no reason whatever to be ashamed") at having found an ally at last after 71 years. He scarcely could have expected one from the ranks of those who have lived in the College. We suspect that Dr. Pickering is viewing the building from Trinity Church Square through a five years' haze of nostalgic sentiment rather than in the stark reality of the disreputable appearance it presents to most of us from New Guy's House.

To the best of our knowledge there has been no printed criticism of the College staff; nor have we heard any. Miss Jean Bailey and her helpers do fine work, but are the first to admit that their's is an impossible task caring for bomb-damaged rooms beneath whose skirting boards dusty winds blow and down whose wall rain occasionally trickles.

Dr. Pickering refers darkly to 'other places' he could mention. There may well be worse residents' quarters elsewhere. It is completely irrelevant to the belief of almost all at Guy's that our residents should have better quarters. We are delighted that the plan for this should have such high priority. The priority is justified. When old Guy's House is rebuilt and altered, and the house officers are moved into it, we are told that the College will be "pulled down". That information was given before the publication of Dr. Pickering's letter; the plan to pull it down could be slightly altered now that a potential buyer has appeared on the market.

The Robert Lindfield Fund

SIR,—May I take the opportunity of thanking all those people who have contributed to the late Robert Lindfield's Fund in a most generous manner. The response has been very gratifying and letters and cheques have come from Guy's men all over the world.

Mrs. Lindfield joins me in thanking you for your response.

Yours etc.,

DONALD ROSS.

Thoracic Surgical Unit,
Guy's Hospital, S.E.1.

The Old Letter Wreck

SIR,—I recall many months ago *Passim* optimistically looked forward to the new letter rack which has now been "under construction" for three years. At that time I impatiently posed the rhetorical question "How many more lost letters lie between us and the end of the old letter wreck".

Last week a few of them came to light. On sticking a note next to the letter "B" I was astonished to see it slide from view. Ripping open the fascia to recover it I discovered more than thirty dust stained notes and letters of assorted vintage. I handed them to the porter who invited me to take them away: "it was none of his business, the rack belonged to the medical school". So saying he stuffed them collectively and triumphantly back in the row marked "M". I also record the fact that in the last three years the Superintendent's Office, the Medical School, the Students Club and the Porters Lodge have been separately approached in an attempt to replace this rack which in the meantime has been measured at least twice with the loss of one set of architect-designed plans.

Meanwhile letters continue to go astray as this overflowing eyesore erupts into the Colonnade.

How much longer shall we tolerate this dustbin on our doorstep.

Yours etc.,

B. BLACKWELL.

Guy's Hospital, S.E.1.

Our Statistician writes :

"Taking into account the number of users and the available space in the rack, and assuming that all letters are collected within two days, I find there is sufficient space for one letter per person every two months. The medical school office sends out just that number, therefore I suggest :

1) No one else writes letters.

2) The medical school office does not ever use a larger sized envelope."

Editor's Note:

In a thoughtless moment last year we told Mr. Blackwell that we would not print his letters about the letter rack more often than once every four months. We forgot that Mr. Blackwell was good at sums and once again are bound to publish another of his letters.

This one strikes near to the heart, for whilst we have had difficulty in simulating indignation over the state of the "B" row, we are very disturbed to hear that the row marked "M" has been sabotaged. The crime appears all the more dastardly in that the plaintiff appears to have been an accomplice in the act.

The arrival of his inevitable letter is a useful reminder that it is time to vacate the editorial chair. Only in that way will future editors be free of the obligation to print regularly Blackwell's epistles. Where he will deposit future letters we don't know and don't care provided it is not in the row marked "M". The two main alternatives would appear to be 'The Minister of Health', or 'the row marked "B" '.

British Empire Cancer Campaign

SIR,—I would be glad if you could publish an acknowledgement from the British Empire Cancer Campaign Committee, who have asked me to write and express their great appreciation to all those at Guy's who gave their help for the Flag Day on 18th July, particularly to those of the nursing staff, and others, who gave their free time to help for this cause.

The total sum collected was £158 5*s.* 1*d.* which made Guy's one of the top collections in London for that day.

Yours etc.,

ELIZABETH CLARKSON,

Hon. Treasurer, British Empire Cancer Campaign, Ladies Committee.

107, Harley Street, W.1.

REVIEWS

Scientific Basis of Medicine : Annual Reviews, 1961. British Postgraduate Medical Federation. The Athlone Press. Pp. 342. *Price* 40*s.*

The authors of these essays are all masters in their own field. Their present work begins a new series of *Lectures on the Scientific Basis of Medicine*, based on a course of winter lectures.

Very few readers will be familiar with the entire range of the subjects that are covered, but fortunately the experts are lucid. At a time when many clinicians and laboratory workers find it increasingly difficult to keep abreast of recent advances, good reviews of this kind are particularly welcome. There are discussions on such subjects as the antiviral action of interferon, the role of individual cells in antibody formation, the biochemistry of multiple sclerosis, high resolution autoradiography, and the diagnostic value of blood enzyme studies. Among the authors are R. G. White, M. D. Milne, Sheila Sherlock, P. Fourman, and R. H. S. Thompson.

This book is exceptionally well produced, with clear type and excellent illustrations. It suffers a little (but not much) from the time lag between writing and publication.

M.H.L.

A Synopsis of Ophthalmology. By J. L. C. MARTIN-DOYLE, M.R.C.S., L.R.C.P., D.O. 2nd Edition. Pp. 254 *Price* 27*s.* 6*d.*

In the ten years since the first edition of this book there have been tremendous advances in ophthalmology, particularly in the field of therapeutics.

At the increased price of twenty-seven shillings and sixpence the student now benefits from completely new chapter on chemotherapy, antibiotics and corticosteroids, together with new sections on anterior chamber implants and microcorneal lenses.

The book is compact, comprehensive, and extremely well set out. It contains sources of information for those who wish to know more and also includes a number of first-class tables particularly useful for quick reference.

This is an excellent buy for students with an interest in ophthalmology and for practitioners who already have some knowledge of the subject.

C.B.B.

Pathology : A Dynamic Introduction to Medicine and Surgery. By THOMAS M. PEERY and FRANK N. MILLER. J. & A. Churchill Ltd. *Price* 40*s*.

The appearance of paper-backed medical textbooks is a welcome innovation. Yet the price of this textbook, which contains no illustrations and will not withstand hard usage, immediately diminishes its appeal. To be recommended the book must have exceptional claims on the student's attention and money.

This introductory text from the pens of Peery and Miller, both of the George Washington University School of Medicine, claims to be thorough and compact but not encyclopaedic; dynamic, introductory and yet useful for anyone needing an up-to-date refresher. Can it satisfy all these claims ? The reviewer thinks not.

Facts are up-to-date and succinctly and clearly presented. Good use is made of marginal notes; perhaps too much use is made of underlining in the text. Definitions of, for example, types of necrosis, are helpful and reference is easy. The book is useful for revision.

The presentation—"the authors have wasted no words in presenting fact after fact in a crisp and organised style"—makes it difficult for one to read the book from cover to cover. It is indigestible. Nor does the reviewer see evidence of the dynamism promised or a link with basic sciences such as one finds in Professor Payling Wright's book. A student with three years of clinical study ahead of him and little clinical experience behind him has time to enjoy a more discursive and critical account of pathology than that presented here.

M.A.C.

Essentials of Medicine for Dental Students. By A. C. KENNEDY, M.D., M.R.C.P.E., F.R.F.P.S. E. & S. Livingstone Ltd. *Price* 25*s*.

This book sets out to give the dental student both a general background knowledge of the principles of medicine and a more detailed knowledge of the diseases more immediately related to his territory.

It succeeds in giving a background which is unfortunately rather more dental than general, and I feel it falls short of giving sufficient detail for the degree examination. Most important in this respect is a repeated failure to explain facts that are stated, and which need some elucidation.

The preliminary reminders of relevant anatomy and physiology are a sound idea and it is unfortunate that in some instances they are rather too elementary. In some chapters rather more use could have been made of different disgnosis, *e.g.*, the infectious childhood fevers. The chapter on cardiovascular and respiratory disorders are good, but unfortunately serve only too well as examples of this failure to explain the facts that are stated. At times a surprising amount of space is devoted to the "small type" disorders which might well have been employed to better advantage in the more detailed explanation of the commoner diseases.

Many drugs are described at appropriate points throughout the book and the inclusion of a separate chapter on Common Drugs tends to leave those concerned as an after-thought. If they too had been mentioned at the right point in the text, their use would have been more clearly illustrated.

J.LL.W.

Physiology for Nurses. By D. TAVERNER. Modern Nursing Series. English University Press. *Price* 12/6*s*.

This is an excellent little book, clear, concise and beautifully illustrated. It can be recommended to both nurses and their tutors.

B.B.W.

Medicos Look At . . .

It may be recalled that while commenting on the comparative uniformity of many of the new buildings which can now be seen in London, I suggested that the ground floor was left open so that it was possible to introduce decoration and walk around under the actual building itself, without entering it. Many of these buildings have in addition pieces of sculpture which improve the appearance of the immediate surroundings or decorate the buildings themselves. It has been said that sculpture and architecture go naturally together and perhaps this is inevitable in so far as the same materials, such as wood and stone and more recently concrete are used in both arts. The entrances to Gothic Cathedrals are obvious examples of this wedding of sculpture and architecture. Ralph Tubbs writing in the *Observer* on 30th April, 1961, commented that "the designers of the South Bank Exhibition attempted to bring together those working in all the different fields of visual art . . . They realised that the setting of a building is as important as the building itself, that sculpture can enliven both landscape and architecture . . ." The recent sculpture by Epstein outside the Bowater building prompts me to have a look at some of the carvings and bronzes which can be seen in, near, or on some of the new buildings in London.

One of the first of these was the screen created by Henry Moore for the Time Life building in Bond Street in about 1952. It has four abstract designs, each of which suggests, as do so many of Moore's works, elemental material carved by nature into shapes which in themselves appeal to one's aesthetic sense. The hollows, squares, rectangles, curves and spaces are not as simple as nature would produce but they are so arranged that one can take pleasure in their relationship and see how form and shape in themselves without any attempt at representation can appeal to the visual sense. The pity is that there is no other work by Moore decorating any of the new buildings in London, but his monumental *Reclining Figure* can be seen outside the Unesco building in Paris and there is also a sculpture at Harlow New Town set in a large expanse of grass.

A walk round Knightsbridge is rewarding if only to see the new Epstein and compare it with the sculptures in front of Mercury House and Knightsbridge House and on top of Caltex House in Brompton Road. The Epstein is a large bronze group consisting of a man, woman and child with a dog and Pan, all of them leaping or running forwards away from the Bowater building into Hyde Park. The faces of the man and woman are reminiscent of the African influence on Epstein, although their thrusting jaws are the most obvious individual features of their faces. The woman seems to be most eager to run, the child is making the most effort. Does this group with the figure of Pan symbolize the desire of modern society to flee from its urbanization and industrialization, as shown by the Bowater building, to nature represented by the park towards which they are

straining, and is the dog inevitable in so English an area as Hyde Park and Knightsbridge ? It is interesting to compare this group, with its sense of movement, with the motionless bronze in front of the uninspiring buildings called Mercury and Knightsbridge Houses. There is no indication on the plinth as to who is the sculptor. It consists of a man sitting on a ball and pointing forwards with a boy and girl standing in front of him. There is something stolid and unimaginative about this bronze which reflects very accurately the type of building in front of which it stands. On Caltex House is a trio of golden horses executed in an imitative cubist manner. It is conventional in the posture of the horses but when lit from below at night it makes quite a striking group.

Geoffrey Clark has been responsible for an aluminium mural in Castrol House in Marylebone Street and the abstract sculpture on the tall bare wall of Thorn House near St. Martin's Lane. The former is in the entrance hall of the building and is the height of the first two stories. It is a large work and depicts the processing of crude oil to its final form as a lubricant. It begins with drops of oil falling on to a chemist's table where other chemicals are added. The blending of the lubricating oils is next seen and then when this mixture is put into a machine one sees that the final result is less friction and more speed. This is an unusual and attractive work and certainly enhances the appearance of the hall of the building. Clark's second and newer work is much more abstract but it apparently began as a small model which could have been said to represent an electric light bulb. Now it is eighty feet long and looks like a canoe with odd projections which could symbolise anything. In the model they could have been the different parts of the inside of a light bulb, but this is now lost. At night it is lit up from within and presents a pleasing decoration on an otherwise bare wall.

The most ambitious and somehow the most reckless sculptural decoration of a new building is that by Barbara Hepworth in the courtyard of State House in High Holborn. The building itself is entirely conventional in a modern sense and it would seem that a sculptor like Barbara Hepworth was likely to produce something which did not fit in with this type of building. What she has produced is a fifteen feet black bronze abstract design consisting of a series of angled curves standing on a plinth of light Cornish granite with a concave background of the same stone. The odd thing is that the shape of the bronze fits in well with the shape of the building and when lit at night one gets the impression of a continuous flow of the bronze against the hollow background in which it lies.

This last example of sculpture commissioned by industrialists for decoration of their new buildings is something which should be welcomed and those concerned deserve the community's grateful thanks. If only other aspects of their building enterprises met with artistic and aesthetic demands, one could hope that the new London will be a monument of which the whole of Britain can be proud.

SPORT

THE MOTORING CLUB

The Motoring Club has been recognised and registered by the Royal Automobile Club as a club authorised to promote motoring competitions. We are the first hospital motoring club to be recognised.

All our future rallies and other events will be organised according to the General Competition Rules of the Royal Automobile Club. Our rallies will be similar to those previously organised and no more difficult. A competitions licence will not be required for closed club events. In future all entries must be sent to the club secretary at least 5 days before the event. Entries will not be accepted at the start as they have been in the past.

Application forms for restricted F.I.A. rally and racing licences as well as rally and racing record cards can be obtained from the Hon. Secretary, D. J. F. Gurney, c/o Front Lodge or the Dental School.

The Club hope to have new car badges of better quality than those previously stocked. It is hoped that they will be available by the beginning of the Winter Term.

The next rally will be on Saturday, 30th September, at 4.30 p.m., starting at the Epsom Down Hotel (M.R. 170/215 285). It will be in Surrey and end at the Pyrford Lock Inn (M.R. 170/053 593). It will be a closed event, *i.e.*, no competition licence will be required. Further details will be published later.

Future Club Events :—

Saturday, 30th September, Rally.
19th October, A.G.M. and Films.
11th November, Rally.
9th December, Rally.
27th January, 1962, U.H.U.L., M.C. Championship Rally.
24th February, Rally.
17th March, U.H.U.L., M.C. Rally.
24th March, Rally.

LAWN TENNIS

Semi-final of the United Hospitals' Cup

Guy's v. St. Mary's Hospital

Result:—Guy's won 6-3

Team : M. Blake, D. Richmond, A. Stoker, J. Carruth, P. Dickinson, J. Boyd.

Final of the United Hospitals' Cup

Guy's v. King's College Hospital

Result:—Guy's won 5-4

The United Hospitals' Lawn Tennis Cup returned to Guy's last week when they beat King's College Hospital at Denmark Hill. King's, in the final by virtue of a surprise win over the holders, St. Thomas's, proved tough opponents and their first pair did particularly well to win all their three matches. Guy's were off to a bad start when they lost two of the first three matches and won the third only after a three set struggle. However, they recovered to win two of the next round, leaving them needing two of the final three for victory. In the final round Blake and Richmond made short work of the King's third pair but Mitchell and Stoker were soon dispatched by the first pair. In a tense final match Dickinson and Boyd never faltered and played some splendid tennis to beat the second pair 6-4, 6-2 and clinch the match by five matches to four.

M. Blake and D. Richmond, Won 2, Lost 1.
A. Stoker and M. Mitchell, Won 1, Lost 2.
P. Dickinson and J. Boyd, Won 2, Lost 1.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited by the Board of Governors of Guy's Hospital for the post of **Dental Officer** to attend on 5 or 6 sessions per week, to **treat In-patients**, a session being 9 a.m. to 12.30 p.m., or 2 to 5 p.m. The grading is General Dental Practitioner. Assistance will be given by a Hygienist and a Dental Surgery Assistant. The appointment is to commence as soon as possible.

Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1., to whom applications, with the names and addresses of **two Referees**, should be sent not later than **Friday, 8th September, 1961.**

HOUSE APPOINTMENTS

1ST SEPTEMBER, 1961

Assistant House Surgeons

To :

Mr. Blackburn	Mr. S. Haynes
Mr. Lawrie	Mr. N. E. Jenson
Mr. Glover	Mr. A. B. Richards
Mr. Brain	Mr. C. Dare

Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. J. G. B. Thurston

3 *months*

Dr. Boland and Dr. Houston } Mr. N. J. Knight

Appointed for six months, the first 3 *as A.H.P.*

Dr. Mann and Dr. Kauntze } Miss D. M. Miller

Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. R. C. Lallemand

Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. W. Bunting, Mr. M. H. Devereux, Mr. J. F. Hallpike, Miss A. B. Kenshole, Miss M. B. MacKeith } 3 *months*

House Surgeons

To :

Mr. Massie — Mr. I. G. McGill — 6 *months*

Mr. Eckhoff — Mr. W. G. Hartfall — 3 *months*

Mr. Atkins — Mr. B. Blackwell — 6 *months*

Mr. Wass — Miss J. M. Hawker — 3 *months*

House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. C. S. Ogg — 6 *months*

Dr. Boland and Dr. Houston } Mr. P. J. Winter — 6 *months*

Dr. Mann and Dr. Kauntze } Mr. T. J. H. Clark — 3 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. A. H. Hopkins — 3 *months*

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1. 7.61—31.12.61 Mr. A. S. Horner
1. 9.61—28. 2.62 Mr. W. J. Appleyard
1.11.61—30. 4.62 Mr. S. R. Meadow

Throat and Ear House Surgeons

Mr. G. H. Forman

3 *months at Guy's followed by* 3 *months at New Cross*

Mr. E. R. Walrond

3 *months at New Cross*

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Miss M. M. Maher 3 *months*
Mr. W. M. Patterson 3 *months*

Dermatological House Physician

1. 5.61—31.10.61 Mr. M. I. S. Keir
1.11.61—30. 4.62 Mr. S. O. B. Roberts

Neurological House Physician

Mr. I. D. B. Rennie 6 *months*

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Mr. J. D. Wonham 3 *months*

Children's House Physicians

Mr. T. Sherwood 3 *months*
Miss M. N. R. Pitt 6 *months*

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Mr. E. J. W. Gumpert 3 *months*
Mr. A. J. Bron 6 *months*

R.M.Os. in Nuffield House

1.6.61—30.11.61 Mr. J. D. Lloyd-Still
1.7.61—31.12.61 Mr. C. C. Korvin

House Physicians in the York Clinic

1.4.61—30.9.61 Miss N. Rose
1.4.61—30.9.61 Mr. R. Paul
1.10.61—31.3.62 Mr. D. I. Brough
1.10.61—31.3.62 Mr. M. Hopwood

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1.6.61—30.11.61 Mr. N. Gripper (S.H.O. New Cross)
1.6.61—30.11.61 Mr. K. E. E. Hubble
1.9.61—28.2.62 Mr. J. J. Maher (S.H.O.)
1.9.61—28.2.62 Mr. J. Lore

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House Physician

Mr. L. A. Hurt
(14.9.61, locum from 1.9.61)

LEWISHAM HOSPITAL

House Surgeon

Mr. W. R. Esson

House Surgeon

Mr. I. Ziment

House Physician

Miss A. B. Hewitt

ORPINGTON HOSPITAL

House Surgeon

(General duties with Orthopaedics)
Miss B. J. Allen

House Surgeon

(General duties with E.N.T.)
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A. H. Brook
C. C. Brown
Helen C. Carr
D. E. Cooper
H. Cooper
J. F. Coventry
W. C. B. Culver
P. J. Davy
E. G. Deere
P. R. Dodd
R. S. Falk
Susan M. Franklin
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Rosalind A. Harvey
C. D. Hawes
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NURSING NEWS

Entered :

Staff Nurse M. Mayne to *Caleb.*
Staff Nurse D. Wood to *Evelina.*

Left :

Staff Midwife J. Calvert.
Staff Nurse S. Coleman.
Staff Nurse J. Sinclair.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bret Day, R. C. Chondrosarcoma of the Maxilla. A Case Report. *Brit. dent. J.*, 1961, **111**, 86.

Brock, Sir Russell. The Surgical Treatment of Pulmonary Tuberculosis. *Brit. Heart J.*, 1961, **23**, 337.

Butterfield, W. J. H. and another. The Human Forearm as a Preparation for Metabolic Investigations. *Proc. R. Soc. Med.*, 1961, **54**, 549.

Denny-Brown, D. Brain Trauma and Concussion. *Arch. Neurol.*, 1961, **5**, 1.

Haas, Leonard. The Treatment of Acute Infantile Gastro-Enteritis. *Med. Pr.*, 1961, **246**, 102.

Harley, H. R. S. The Causes of Respiratory Failure in Closed Crush Injuries of the Chest and Upper Abdomen. *Proc. R. Soc. Med.*, 1961, **54**, 558.

Mahler, R. and others. Central Cove Disease—An Investigation of a Rare Muscle Cell Abnormality. *Brain*, 1961, **84**, 167.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

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INDEX 1960 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding cases 5/6d. each.

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CHANGES OF ADDRESS

Dr. P. Chadwick, Dept. of Bacteriology, Dalhousie University, Halifax, Nova Scotia, Canada.

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J. S. Tomkinson, F.R.C.S., 140, Priory Lane, Roehampton, S.W.15. (Tel. Prospect 2006).

H. A. J. Thompson, L.D.S., 223, Scollard Building, Victoria, B.C., Canada.

Dr. S. Wickenden, Struan Cottage, Goodwood Road, Worthing, Sussex.

MARRIAGES

LEE—MOULDS.—On 22nd July, 1961, Jeffrey R. Lee to Judith M. Moulds, S.R.N., at Havering-atte-Bowe, Essex.

TAYLOR—RIMMER.—On 24th June, 1961, Susan Elizabeth Taylor, S.R.N., S.C.M., to The Rev. Roy Malcom Rimmer, M.A., at St. Paul's Church, Dorking.

WHITLOCK—RUGG.—On 4th August, 1961, Denis Whitlock, F.R.C.S., to Pamela Manton, Rugg, at Kensington.

BIRTHS

BOYLE.—On August 8th, 1961, at Bowlands, Southsea, to Kate (née Skan) S.R.N. and Lt. Charles Boyle, R.C.N., a son (David Charles), a brother for Caroline and Andrew.

CHAPMAN.—On 7th August, 1961, at Bowlands, Southsea, to Annette (née Hull) and Anthony Chapman, B.D.S., F.D.S., a daughter.

KING.—On 30th, April, 1961, at B.M.H. Rinteln, B.F.P.O. 29, to Veronica (née Headley) M.C.S.P., and Raymond Kind, M.B., B.S., a son (Stephen Paul).

LANDON.—On 20th July, 1961, at Queen Charlotte's Hospital, W.6. to Karen Elizabeth (née Poole) M.R.C.S., L.R.C.P., and David Landon, B.Sc., M.B., B.S. a son (James Alexander).

McCOLL.—On 25th July, 1961, in New Guy's House, to Jean Lennox (née McNair) and Ian McColl, a son (Alistair James).

JAMES.—On 3rd August, 1961, in Perth, Western Australia, to Pamela and Ian Pierie James, a son (Jeremy Trefor).

STEINER.—On 13th August, 1961, at Exmouth, to Doreen and Walter Steiner, a daughter (Elisabeth Anne) a sister for Paul and Timothy.

WALTON.—On 7th June, 1961, at Memorial Hospital, Modesto, California, to Mary, wife of Robert G. Walton, M.B., B.S. a daughter, (Mary Alizon), a sister for Elizabeth, Robert, William, Susan and Frederick.

EDS. { S.R.M. R.A.S

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1908 *9th September* 1961 *One Shilling*

PASSIM

WITH regret we bid farewell to S. R. Meadow, Editor of the *Gazette* since December last and one whose imagination and humour has well served the *Gazette* during his term of office. Several innovations, among them the series on Research at Guy's have been introduced since he became Editor. He is replaced by R. A. Sells, and the new Assistant Editor is D. J. P. Barker.

When our current series on "Research at Guy's" is completed it will be noticed that of "Research by Students" there has been no account. This omission is due to lack of material. Very few Guy's students undertake experimental research during their six years in the medical school. Since the majority go out into general practice, where opportunities for such work are limited, the consequence of this is that most Guy's doctors never acquire first hand knowledge of the experimental basis of medicine. Until he has done one piece of original experimental work, no matter how simple it may be, no doctor can fully appreciate the multitude of variables that lie behind the elegant techniques, the impeccable graphs or the perfect photomicrographs of scientific papers, nor can he develop a properly critical approach towards their confident conclusions. Moreover as we are often told by our American colleagues—many of whom publish original work during their medical training—research has not only educational but considerable entertainment value.

The Medical School has for some time been concerned about the paucity of student research, and now down the grape-vine have come whisperings which tell of two floors of students' laboratories to be incorporated in a new hospital building. Whilst it would seem churlish to look the prospect of such a lavish gift horse in the mouth, we wonder if it would solve the problem.

For a student's research project to reach fruition three things are necessary, laboratory facilities, technical assistance, and the help of an appropriate member of the staff in the planning of the experiment and interpretation of its results. In the new students' laboratories technical advice and assistance will have to be available, and will have to cover a wide variety of fields ranging, for example, from basic

histological techniques to immunology. Clearly this cannot be provided on the premises and students will have to go to the various research departments in order to learn the necessary techniques or, where more complex work is undertaken, to have investigations done for them. Furthermore, in order to avoid unnecessary duplication of expensive apparatus, some students will have to actually work in these departments. Would it not be more satisfactory if in each department a laboratory, or a part of one, was set aside for students ? We realise that in many cases the available space would be limited but, if students were able to share existing materials and equipment, little would be needed. The burden of this system would fall more on the department's time than on its bench space.

Not only would this arrangement facilitate research work for students but by being incorporated, albeit loosely, into a research unit and not isolated in laboratories of their own they would gain a greater insight into the methods of research and a far greater knowledge of the particular field in which they had chosen to work.

A further advantage of this scheme is that it could be implemented now rather than in five or ten years' time.

"The final case is a girl of fifteen who is a Mongolian idiot . . .", wrote a book critic in a leading Sunday newspaper last week.

To doctors it has always been clear that the only mongoloid thing about Mongols is their facial conformity: it seems that this is not so clear to laymen. If, in the mind of the British public, Mongolism ever came to imply, however vaguely, that damage to a developing European gives rise to a Chinaman of low mental ability it might be both politically embarrassing and extremely difficult to correct.

In view of recent progress in our understanding of the cause of this disease perhaps it could be given a name which is less susceptible to abuse.

Those of us who live in the Hospital have by now got used to the excavations and reinforcements, the cement pumps and pneumatic drills which accompany the considerable structural repair which is going on. Most of us are too busy to realise that, since the last war, the face of Guy's has undergone considerable change. The face-lift, though slow to start, has now gained momentum and though we look forward to a substantially improved institution in about ten years' time, we cannot neglect the need for records of Guy's as it was in the old days. Quite apart from their sentimental value, old photos, maps and engravings provide a great deal of interesting historical material.

As yet their is no centre in the Hospital where such records can be received, indexed, and stored, and there is doubtless a lot of valuable material lying neglected in various corners of the Hospital.

Though limited in size the *Gazette* Office seems a suitable place for such a store, and the Editors would be glad to receive any photographs, engravings or drawings of the Hospital regardless of age or quality.

IN BRIEF :

Dr. M. H. De Groot, registrar in the Department of Psychiatry, is leaving for New Zealand this week to become medical officer at Seacliff Hospital, Otago. We congratulate him upon his appointment and wish him every success.

GUY'S DIARY

SEPTEMBER *Exhibition.* Department of Surgery : *The Hip.*

Clinical Lectures in the Anatomical Theatre :

26th T 1.00 p.m. Dr. Deuchar.
28th Th 1.00 p.m. Dr. Hardwick.
29th F 1.00 p.m. Dr. Mann.

OCTOBER

Clinical Lectures in the Anatomical Theatre :

5th Th 1.00 p.m. Mr. Grant Massie.
6th F 1.00 p.m. Dr. Boland.

NOTICE

DENTAL SOCIETY ANNUAL BALL

The Dental Society wish to give notice that the Annual Ball will be held at the Cafe Royal, on Friday, 24th November, 1961. Application for tickets should be made to the Hon. Ball Secretary as soon as further notice appears.

Societies and Clubs arranging other functions are requested to take especial notice of the date.

A. B. BOWN,
Hon. Sec. Guy's Hospital Dental Society.

Fifty Years Ago

Gazette, 2nd September, 1911.

A correspondent hailed the 1911 Lloyd George National Insurance Scheme with the words "We shall at least have one thing to be thankful for. The practice of medicine will at last be divorced from that of pharmacy, and no longer shall we be compelled to give that obnoxious bottle of medicine for which the ordinary Englishman craves. I suppose, at least, three-fourths of the medicine we now make up we believe in our inmost hearts to be unnecessary, if not harmful."

Light from Greece

By H. St. H. VERTUE

We have got to be realistic. We must deal with homosexuality on its merits. We must also be worried about it.

David Stafford-Clark.

He was no etymologist who invented the word "homosexuality", of which the correct form would be homophylous, the term that has the indisputable authority of Euripides (*Hercules Furens*, l. 1200, ed. Blakeney, 1904). Yet since the thing is now involved in obscurantism and degraded by criminal association, ill assorting with the dignity of Attic tragedy, the uncouthness is not altogether out of place. Justice, however, should be done to it, knowledge should not be withheld; and since Greek thought upon the subject was far more humane and tolerant than our own, I offer it as useful equipment to any who practise or mean to practise medicine.

In the first place, since homosexuality is a limitation, we should not fail to exercise towards it our humanity. The August blue of sky and sea and Henry Tuke's fine figures of comely youths at play with the elements would fill the homophylous with good feeling, but a nymph by William Etty, inspecting her pretty toes after her bath, would leave him unmoved. If he came upon the mother of Belphoebe lying bare beside the fountain with the sunbeams bright upon her body, as the poet narrates in the Faerie Queene, he would pass with meditation undisturbed, perhaps with a curl of the lip. "The female" (I quote one) "expresses all the tender, imploring, shrinking, languishing, seductive, yielding, timid, wavering modes, which are inappropriate to the male". He continues, saying, "The male body is an index of human activity, vigorous capacity, ebullient passion, solid strength. Organically, as an instrument of action, it is far more potent, far more varied in resources". You may infer that such a man rates the mind of woman no higher than he rates her body. He does not consider her capable of deep or lasting friendship and her love he sets aside unwanted. How great seem his defects to us!

For when would you, my lord, or you, or you,
Have found the ground of study's excellence
Without the beauty of a woman's face?
From women's eyes this doctrine I derive;
They are the ground, the books, the Academes,
From whence doth spring the true Promethean fire.

L. L. L. IV, iii.

These sentiments of the young Shakespeare have wide implications and deserve some cogitation.

Exploited for good purposes in a good way the life of homosexual man may resemble that of a Public School boy. The world well knows that *there* is one who exchanges no word with a woman from beginning to end of term, unless it be with the Matron on a practical matter such as measles. Secluded at least at the school from feminine influence for five years, sedulously indoctrinated with a purely patriarchal religion, he is trained in the knowledge and the exercise of the masculine virtues, honour, justice, fairplay, loyalty, self-control, courage, endurance, enterprise. Many valuable friendships are formed, some of which may last a life-time. It is a testing, strenuous life, not without its humour, which some can enjoy to the full, and some endure and conquer; but almost all will recognise in the end that the struggle has brought its benefits, for only a few are broken, perhaps none now. Yet the life lacks love. From time to time the imperious demands of sex drive on some unhappy youth to an indiscretion: instantly he is expelled, for the authorities are determined that the unisexuality shall be always sublimated. The deed is typical—uncommiserating, logical and firm. In the world of adults it is much the same: if one trespass comes to light, the culprit is ruined. Homosexuality in Greece provides a striking contrast in this respect. It too was systematically pursued, but with open love and with the joys and the civilities that love brings and the virtues that he inculcates.

Hercules, the hero of the Greeks, may well furnish the type, for he gives example of certain of their best characteristics, their love of adventure, their hardihood and their will to overcome. He loved a beautiful youth named Hylas, who recalls to us Marlowe's Leander, who—

> Would have allured the venturous youth of Greece
> To hazard more than for the Golden Fleece.

Keeping him near, Hercules moulded him as his own soul directed and instilled into him those noble virtues by which he himself had earned fame. For such high-minded lovers there were technical names, the elder being *Eispnelos* or Inspirer, the younger *Aites* or Listener (the word has three syllables). Inspirer and Listener were inseparable friends in peace; in battle they fought side by side, and either would give up his life for the other. The pair had joined the Argonauts; and when the Argo drew near land one evening, the youth put ashore to get water. He found a pool, fringed with celandine and flowering rush, with maiden-hair ferns and herbs growing luxuriantly; but as he dipped his vessel in the water, the amorous nymphs caught his arm and drew him down. In vain the hero called "Hylas! Hylas!" over the echoing shores. The nymphs had laid their prize upon their laps and were seeking to soothe him; and faint and far-away sounded his voice. Distraught, the hero wandered through the inhospitable land of Thasos, never to see his beloved again, until at last he came up on foot with the Argonauts and resumed the quest. Theocritus, who tells this tale, himself made haste to the side of a beloved one, as some wayfarer beneath a broiling sun makes haste to the shady oak-tree. He hoped that two hundred generations hence young men would still

have their names upon their lips, the Inspirer and his lovely Listener, as those of the perfect pair of lovers. He recalls too the hero Diocles, who gave up his life for his beloved in battle. About the tomb of Diocles in early Spring children would gather, contending for the prize in kissing. Happy the judge whose lips were pressed so sweetly! Happy the mother whose victorious child came home laden with garlands! It seems odd to us that these children should be boys not girls; but Theocritus is not jesting as some have supposed. The homosexual world is strictly serious; and so it is bound to be, because the divine presence is not there whom men call Mother of Laughter and Well-spring of Bliss, Life-giving Venus, Joy and Aphrodite.

Greek *paiderastia* in fact is remote from all femininity, delighting in military training, manly sports and exercises, cold water and open air. The beauty of the beloved was of a kind at which a Titian, say, would excel. It was whole-heartedly admired, without any weakness of shameful feeling. It was indeed the philosophers who provided the finest vindication of this form of love. Pausanias, one of the speakers in Plato's Symposium, lays down the principles that are to be observed. "We have two usages", he said, "one is *paiderastia* and one the pursuit of philosophy and virtue; and if it be the intention that the beloved (*paidika*) should gratify the lover (*erastes*) in an honourable way, then these two customs must be brought together into one. When lover and beloved meet, each makes his contribution, the lover giving service to his indulgent beloved in any way whatever that is honourable and the beloved doing kindness in any way whatever that is honourable to the lover, who is making him wise and good; for the one is able to impart wisdom and virtue and the other has the need to acquire culture and philosophy. When there is agreement between these two customs, then only it falls out that the beloved can honourably gratify the lover; but there is no other way". In short *paiderastia* so conceived is the path to virtue, wisdom and philosophy. Soon after Pausanias has done, Agathon, the tragic poet, pours forth the praises of Love in an oration to which nothing of mine could do justice: it is eloquent, impassioned, sincere, with more of poetry than is found in much verse, never passing the bounds of truth, all-embracing in a short space, a summit in human achievement. Yet it was homosexual love that inspired it. He is followed by Socrates, who unfolds to the world the doctrine of the ideas, his greatest gift. There really is no doubt that at its best this love can be wise, tender, beautiful, courageous and creative: only ignorance could gainsay the fact.

The Greek enthusiasm for homosexual love that I have briefly touched upon may seem exaggerated; but the cruel and superstitious notions about it that win support today would seem to them fit only for barbarians. Plato indeed is emphatic that the Greek custom is one of free men living in a free state, whereas an illiberal attitude is characteristic of an oriental despotism. However, there are objections that can be raised against the Greek custom. The population might be reduced. It has indeed actually been suggested that the Spartan race came to an end because of a *paiderastia* carried to excess; but against that theory must be set the fact that the Spartans' only pursuit was war. A similar contingency need not concern us in our badly over-crowded island. A more formidable objection is the injustice done to women.

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The Athenian philosophers state quite plainly that love for a woman is inferior to love for a man, because the former is creative of children only, the latter of philosophy and the arts. Women were told that the care of the home and the rearing of a family were their sole functions; they were not well educated, were limited in their pursuits and were denied all share in public life. The duller they became in consequence, the greater the conviction grew that Nature had endowed them with an intelligence that was only second-rate. In parts of Greece, where *paiderastia* was less rife, they fared much better, notably in Ionia and among the islands, where divine Sappho lived and sang. But here again we need not concern ourselves about any similar contingency, because woman has won a high place among us and continues to deserve it. (And yet I must not omit to mention one possible occurrence. The more the woman becomes absorbed in her career, the less will be the attraction of marriage for the male. A masculine protest along Platonic lines is not to be altogether ruled out.)

An objection that we may also feel is that there is something false about the homosexual attitude. In spite of Plato and Socrates, male beauty is not a more perfect copy of the idea of beauty than female. In spite of all the heroes and philosophers of Greece love of man for man is not ethically superior to love of man for woman; and the consequential notion that woman is an inferior being is false. We may infer that, after all, this *paiderastia* is aesthetically beneath the normal heterosexuality; and it must be ethically inferior too, if we admit a proposition that there are in us innate capacities for recognising both goodness and beauty and a faculty for cultivating those powers as well. If that be true, then in homosexuality the best use of them is not being made. Yet defining a moral action as the attainment of good or the rejection of an evil by an effort of will, we should not call homosexuality "immoral", because the source of it is not inaction of the will but imperfect development of those powers of perception aforesaid. *Video meliora proboque: deteriora sequor!* That is *not* the homosexual's case, which is rather that he cannot hear or does not sufficiently hearken to the voice of the Spirit; or that he cannot behold or does not steadfastly regard the Heavenly Aphrodite, as Empedocles might put it. Without unkindness I should call him merely immature, like a schoolboy.

All who know Greek are aware that *paiderastia* does not figure in the Homeric poems. They recognise too the more honourable place of women in Homer's world and the greater interest that they awakened. Several theories were constructed by the Greeks themselves to account for the introduction of the practice in the post-Homeric period, of which the most likely one is that it came down with the Dorians, whose invasion occurred later in date than the supremacy of Homer's "wealthy Mycenae", may in fact have been a reason for the downfall of the Mycenean empire. *Paiderastia* is accordingly a feature of the main Dorian states, Sparta, Elis, Megara and Boeotia. In Athens it was mostly adopted by the men of mind, not so much by the people; and it is for this reason that woman as we find her in the comedies of Aristophanes is not the same as she who appears in Plato's Dialogues. The best illustration of the quality of Dorian *paiderastia* is the Sacred Band of Thebes, the flower of the Boeotian army, never

defeated in battle and composed solely of lovers. To them fell the honour of making the last stand for the freedom of Greece. On the fatal field of Chaeronea every man of them fell, pierced from front to back by the long lances of the Macedonian phalanx. Even Philip, it is said, was moved to admiration. After that encounter the glory of Greece began to wane, and with it went the chivalry of the Greek *paiderastia*. It was characteristic of the Greeks that, taking a custom found the world over, they should ennoble, not debase it; but it was inevitable that when they declined, though the beauty might remain, the glory should dwindle and depart.

The centuries go by and Juvenal, the last strictly classical writer, has his say. How great is the change! He confronts us with hate for love, darkness for the broad sunshine, sin and punishment for endeavour and accomplishment. He wrote two satires on the subject, the unique Ninth, subtle and sarcastic, which I leave aside for lack of space, and the Second. The second satire is a scathing denunciation of the contemporary pathics. The philosophers are the worst—humbugs and hypocrites, Socratic sewers! Awful vices beset Rome and are described in startling terms with vivid details, an exercise in which he is thoroughly happy. He calls for the restitution of an old law, which inflicted a fine, the Scantinian. He invokes the father-gods of Rome, Jupiter and Mars, and he is sure that they are on his side. He concludes the satire with a solemn warning to the evil-doer, who is sure to go to Hell; only, as he sadly reflects, not even children believe in Hell nowadays. The vigour and the descriptive force, the trenchant style and the resonant verse raise Juvenal above any contemporary hater of homosexuality; nevertheless, the thought and feeling of the two are just the same. One may well ask what it all means.

The stimulus that provokes this stormy state of mind is the notion of intercourse. Aristotle says that such practices are sometimes due to nature and are sometimes acquired as habits, for example from some bad influence in childhood. If nature is the cause, those who give way to them should not be classed as vicious; and the same is true when habit has produced the condition (*Nichomachean Ethics, VII, vi*). The calm and order of a great mind are well seen here. Not homophylous himself, not especially interested, he preserves the purely objective manner that is the only correct approach to matters of sex, whether philosophical, physiological or moral. It is true, as he says, that Nature is a cause of this trouble; but we impugn her today more surely than he could have done, because our eyes are open to her sorry incapacity to separate the reproductive system from the excretory, an imperfection that is a permanent part of the corporeal frame and is not seldom a source of confusion in the feelings. All Greece recognised the practice; but the contemporary ethic imposed a certain reticence; and it was only among Dorian shepherds, neatherds and goatherds that there was rustic jesting. "Dear, divine Comatas!" A most gifted singer, but not perhaps over-particular. Plato's views are expressed clearly in the *Phaedrus* (255): the reference to Zeus and Ganymede removes any doubt as to what he means. He says that if the higher life of philosophy is to prevail, then there must be self-control; but he is very lenient towards those who covet honour, to the warriors that is. Those whose quest is for the vision of perfect beauty must abstain, or

the vision will be incomplete; but those whose ideal is the heroic may carry away the prize of an ardent love and (in our idiom) attain Heaven. That other practices exist everyone knows; but they receive such scant mention in Greek literature that they need not detain us, beyond mentioning the fact that the relative frequencies seem to be reversed today.

Such then were the views of the greatest philosophers of the most brilliant nation at the height of its glory. Set beside Plato or Aristotle, Juvenal seems to represent an antiquated type of headmaster. Yet there is something to be said for him. In his day the inoffensive favourites of the Hellenistic fanciers, "lambs" with smooth cheeks, "kids" with the first down, were less to the fore than the repellent adult pathic with money to spend; and him he detested. In Rome the philosophers were mostly Stoics, whom the pursuit of the beautiful did not engage. Some of them very likely *were* humbugs, who indulged privately in sensual pleasures, while they sought by means of curt speech, bristly limbs and shaggy clothes to convince the beholder that they were righteous men. He himself was no philosopher but an old-fashioned Roman, much like an old-fashioned Englishman. He believed in the religion of the state and his morals were those of Cato the Censor; and he despised effeminacy, as a good Roman should. Yet those passionate denunciations did not spring from reason: they had their birth in the feelings; and we may ask, What was the origin of those feelings? A good knowledge of Juvenal supplies the answer: he was himself a homosexual, whose desires were repressed with effort and escaped in disguised forms; and being one of the active kind he entertained a peculiar horror of the pathics, because they provoked a feeling of guilt. But he was milder than the moralists of our time. The mere act, without a requisite infringement of public decency, is punished severely. They cast the culprits into prisons that are notoriously antiquated and over-crowded, without the least prospect of reforming them and without, I suspect, any intention of doing so. The wretches are ruined and they have suffered beforehand shame and disgrace and agonies of apprehension. Very likely they have been victims of blackmail, beside which homosexuality is venial. But all of us now know that homosexuality is a common condition; and we learn from the elements of psychology that, where the motive is strong, the subject will repress it by telling himself how wicked homosexuality is and that the clamour for severe punishment is simply an aid to this repression. If there is a picture that distresses, it is The Scapegoat of Holman Hunt; and yet that is the role that the good brother would enforce upon the bad. It is noteworthy that no other peculiarity of sexual behaviour awakens the same passions, noteworthy too that woman is unperturbed; and naturally she would be, for in her there would be no stirring of hidden desire. It is due to her too to mention that, when she is confronted with the same phenomenon in her own sex, her attitude is calm and her intention is to help: that at least is my experience.

When woman's name is mentioned, a door opens into the sombre hall, where we have been tarrying, letting in a broad beam of light. Through it a warm air streams, wafting strains of music and little gusts of merriment; and our eager feet move forward, for there lies our home.

The Greeks knew well the embrace of beauty, but they did not pay her honour enough nor understand to the full her excellence, Euripides excepted I should say. It is we of today who recognise her supple strength, her courage and above all her staunchness. Love of woman, given and returned, is one of the strongest redeeming forces in the world. It is the greatest blessing, purest pleasure and means to the highest good. To acknowledge the supremacy of love from the cradle to the grave is to banish for ever hatred, bigotry and persecution.

My lord, of evidence I have no dearth—
She is—has been—my mother from my birth!

Words lightly spoken apparently—deeply felt in reality—embedded in an extravaganza! How characteristically English! How infinitely superior to Freud!

Medicos Look At . . .

Anticipation, it is said, is the greater part of any pleasure and so it was with Sviatoslav Richter, the wonder pianist from Russia, who recently made his debut in London. The few records that have become available in the last two or three years had already established his reputation in this and other western countries, and it was not surprising to learn that—without programme announcement and at vastly inflated prices—all seats for his five appearances were sold well in advance. Unfettered by the box office he was thus able to treat us to a selection of less well known piano music by Prokofiev and Dvorak as well as to many favourites by Chopin, Schubert, Schumman and Liszt.

Richter, as his name suggests, is not wholly Russian and although he was born in the Ukraine, studied in Odessa and Moscow his father was of German origin. In his musical interpretation however he is as Russian as they come and therein lie his weaknesses as well as his strength. In recital this temperament undoubtedly got the better of him so much so that one critic was heard to call him provincial. While the Prokofiev was brilliant, some of the romantic music of Chopin and Schubert he played was poor and lacked a certain discipline that is essential for a virtuoso pianist. One often felt quite infuriated when his rubato easily outstripped that of the maestro Rubinstein. In the Schumman however he was in his element and one felt a close affinity between composer and interpreter.

If then his weakness in recital was temperament, when it came to the concerts in the Royal Albert Hall, Mr. Kysil Kondrashin's iron discipline won and it was a rare privilege to hear the Dvorak G minor concerto played so magnificently unmolested by the attentions of various arrangers—such as Kurz and Firkusay—who believe that the composer is unable to stand on his own two feet. In the last concert when Richter played the two Liszt concerto's he amply showed us both the brilliance of the music and his own sublime mastery of keyboard.

Richter's technique is the most advanced of all virtuosi and he has to be seen (and heard) to be believed, but it is always in the background

and never intrudes upon the interpretation as is the case with many of the giants. Apart from a large hand spanning one and a half octaves his phenomenal range of tone and dynamic drive combined with masterly control cannot be bettered. In addition his ability for hard work would make many of the well known western pianists seem like reluctant school boys, for it is nothing unusual for him to practice all night before a concert the following evening.

In all, the claim of Alec Robertson that he is the greatest living pianist is not substantiated, for there are many—Claudio Arrau for one—who rival him, if not on technique then on overall performance; but it must be said that he is a very great virtuoso undoubtedly worthy of the place in the top twenty.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Wednesday Afternoon Teaching Session

SIR,—I feel that the time has come for a protest concerning the number of teaching sessions for students which occur on Wednesday afternoons.

It is a longstanding tradition at Guy's and other teaching institutions that Wednesday afternoons should be kept free for sporting and other non-academic activities. It is most distressing to find that there are now fifteen different sessions on Wednesday afternoons, most of which are at some time obligatory for all clinical students. These include a Surgical Out-patient clinic, a Consultant Surgeons teaching round, a Fracture Clinic, the Fever course at Hither Green, Pathology demonstrations and several special clinics and rounds (V.D., Neurology, Midwifery, and Psychiatric demonstrations). I now notice that the surgical teaching round at St. Olave's has been changed to Wednesday afternoon.

All this discourages students from participating in any activity outside their work, making for a narrow minded outlook. There can be no doubt that students "sign-ups" must suffer in the case of those who choose to play a sport in preference to attending one of these sessions, particularly if this happens to be a Consultant's round or Clinic. This applies particularly to students who may not be well known sporting personalities, but who believe that some exercise should be taken during the week, and may even be enthusiastic enough to train for a Saturday game of Rugby in one of the junior sides. I have known many members of the first eleven to be forced to excuse themselves from a training session because of rounds or out-patients.

I realize that it may not be possible to alter the present arrangements radically, but it should be made publicly clear that students who wish to take physical exercise will not be penalized for failure to attend these sessions when their "sign-ups" come under consideration. I feel that at the moment this is not so, since the "sign-up" is partly an indication of the number of sessions attended. Furthermore although freedom of choice still remains, the Medical School should do its best to reduce these sessions to a minimum so as not to place the conscientious student in the invidious position of choosing to do without even a mild amount of exercise unless he does so at the expense of his education.

The whole hospital and many old students were delighted when we won the Hospitals Rugby Cup last year; the present arrangments may go a long way to ensuring that we shall not do so again.

Yours, etc.,

P. W. R. HARRIS.

The College,
Guy's Hospital, London, S.E.1.

The Rack : A Solution

SIR,—May I suggest that if every member of the student body refused to act on any official communications placed in the Colonnade rack, the resultant loss of revenue from unpaid bills might stir the Medical School into action (of a constructive, rather than punitive nature).

Yours etc.,

BARRY JONES.

St. Christopher's House.

Conditions in The College

SIR,—I cannot congratulate you on what are printed as Editor's Notes in the Correspondence columns of the *Gazette* of 26th August, 1961. Their wording is obscure if not offensive. It seems that both you and Mr. Pickering agree that Miss Jean Bailey and her staff are to be congratulated on their good work. I think that Dr. Peter Bishop and Dr. Charles Baker, as past and present Wardens, should also be thanked for their success in the face of many difficulties in improving, so far as is practicable, the living conditions for the Residents by additional bathrooms, a bar, a television room, improved heating, and better furniture.

Regarding the letter rack your note rather suggested that you are well content with the present facilities. If this is so you must be about the only one who is.

Yours etc.,

J. J. CONYBEARE.

Guy's Hospital, S.E.1.

SIR,—Having received my information from various H.P.'s and H.S.'s both masculine and feminine, I should like to endorse all that you wrote about the living conditions in the College, with no criticism levelled at Miss Bailey or her staff whose work must be heart-breaking in their efforts to keep it in a livable state.

There has been little change in the last 30 years in providing or changing amenities which we are used to in our own homes and which we accept as essential.

Amongst other things there are no washing facilities in the bedrooms and residents have to shave in too few bathrooms while others are bathing. Not even can teeth be cleaned except in the bathroom. This applies to female staff as well who have a long walk down to get to these necessities.

Due to war damage there are less rooms available, and as you have stated, rain-water percolates through some ceilings, and dry rot is in some floors which have been patched up with cement, and some are in a shaky state.

At various times much has been said about damage to furnishings from high spirited parties, etc. Having let my house for six years to various types of people, I have found that if a high standard is given in the first instance, care is taken of the premises and fittings. In any case, it is not an impossible matter to deal with.

One hopes that more thoughtful planning will be put into the conversion of Old Guy's House, but in passing, one wonders if the spending of a lot of money on a building which has been shored up for years, is justified for sentiment when I have heard that its life after conversion will be the maximum of 30 years. Taking a long view, surely a better use of the site could be made by rebuilding and would save money. St. Thomas's showed much wisdom in being entirely rebuilt. Old buildings also have disadvantages, such as the rat which sister *Patience and Samatitan* found on her bed in the middle of the night !

House Surgeons shoulder heavy responsibilities and long and arduous duties. I have never seen the wisdom in not taking proper care of their food, living conditions, and, indeed, seeing that they are able to have regular off duty periods and fresh air compatable with keeping good health, since they are working amongst disease. It often appeared that Guy's management reversed the hospital motto in their dealings with the resident staff.

Yours etc.,

M. S. GRIFFITH (Ex-Sister).

"Moonrakers",
Mawgan Porth,
N. Cornwall.

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"Practice"

SIR,—May I plead for the correct spelling of "practice" when this word is used as a noun? In *Guy's Hospital Gazette* of 12th August, 1961, it is misspelt at least four times (pages 289, 291 and twice on page 297).

It is easy to remember that "ice" is a noun, and so is "practice".

Yours, etc.,
MARY RESTELL.

8 Finland Road,
Brockley, S.E.4.

(*We appresiate your premice, and promice to practice what you propoce. Thank you—Ed.*)

Mistaken Identity

SIR,—Your recent note on the student's knowledge of the retired staff reminds me that knowledge of the contemporary staff may be nebulous. I recently asked a student in the early clinical stage (not Guy's) ;

"Who is the Senior Surgeon at your hospital now ? "

He replied promptly "Dr. X. He is a very imposing man. Nobody could possibly mistake him."

"Are you sure" I said "that Dr. X is the Senior Surgeon" ?

"Oh yes. He is at the head of everybody."

I looked up Dr. X. He is the junior Assistant Physician.

Yours etc.,
A. E. SAWDAY.

Tankerton.

"Pulse"

SIR,—As you will know, *Pulse* magazine is intended to be a journal for Guy's students and staff. The editors and myself agree that it should, therefore, be run by a committee of students and junior staff. Can we make use of your columns to ask anyone who is interested to let me know and to join such a committee ?

Yours, etc.,
DAVID R. WILSON.

Pulse Magazine,
Guy's Hospital, S.E.1.

OBITER DICTUM

Dr. Baker : "I wouldn't put all my eggs into anticoagulants."

Mr. Reading : "Ear-drops are eye-wash".

REVIEWS

The Catarrhal Child. By John Fry. Butterworth & Co. Ltd. 1st Edition. *Price* 25*s.*

200,000 operations for the removal of tonsils and adenoids are performed each year on the children of Great Britain at the cost of £3 million pounds and 35 lives. A critical examination of this situation is one of the highlights of Dr. Fry's book. The facts are, however, difficult to extract from the rather verbose text which at first appears as a mass of tables, graphs and references but plentiful use of paragraph headings and chapter summaries simplifies the task.

The problem of the catarrhal child is big—"half of all children under 10 years of age are seen each year by their family doctor for common respiratory ailments" —and involves many people, from parents to school authorities and hospital consultants. The aetiological factors are obscure and seldom specific, and the diagnosis and classification of the ailments is far from being straightforward. Doctor Fry has studied the problems for 10 years in his suburban London practice and this book contains his personal results.

Although of little practical use to student paediatricians the book contains two chapters very well worth reading. These are respectively on tonsils and adenoids and use of antibiotics and could easily be read without embarrassment (only 25 pages) from a bookshop shelf.

D.J.L.

A Physician's Introduction to Electronics. A Laboratory Manual. By A. C. Morris, Jr. Published by Pergamon Press. *Price* 15*s.*

This 43 page manual is written to enable physicians who have no special interest in electronics, but who are expected to use electronic apparatus, to know enough of the subject to be able to communicate with 'electronically orientated' people. In his introduction to the book Marshall Brucer, M.D. states that all a physician needs to know of electronics is that when the 'magic black box' does not work correctly he should call an expert. Is this book necessary ?

The book is divided into three sections. Part A is devoted to very simple definitions of a few electronic terms. The author defines voltage and current using the usual water analogy. The analogy would be clearer if he compared voltage with the height of a water column rather than the water pressure. More diagrams in this section would help.

Part B is merely a list of components with their symbols. It includes colour coding of resistance and capacitor values. Here again a photograph or drawing of the component to accompany the symbol would be useful.

These two sections would be useful as a guide to anyone who, without desiring a real knowledge of electronics, wishes to build simple electronic devices from circuit diagrams.

Part C, which takes two-thirds of the book, describes an 'electronic bread-board' designed to demonstrate the operation of a number of circuits. Various circuit elements are connected by an array of switches, plugs and leads, and the results are shown in most cases by the manner in which a neon lamp flashes. Much more positive experiments can be devised using a cathode ray oscilloscope to demonstrate the result. In appearance the apparatus is rather more complex than any 'black box' a physician is likely to use.

The rest of this section gives the experimental procedure, with circuit diagrams and conclusions, of the experiments which can be performed with the 'bread-board'. Some of the circuits are too advanced for the intended reader, while no attempt is made to show valve characteristics.

Unless one intends to build the breadboard, 15/- is a very high price to pay for eight definitions and a list of components. Would it not have made a more useful book if the author had described in greater detail some of the more important phenomena ?

K.W.T.

Immortal Magyar. By FRANK G. SLAUGHTER. Abelard Schumann Ltd. *Price 25s.*

"This is the story of Ignazz Philip Semmelweiss, of his painstaking search, of his struggle for recognition, of his bitter defeat and death."

Frank Slaughter's biography concerns the life of a young Hungarian Doctor, born in 1799. He was trained in Vienna "proud centre of a dying Empire" where "beautiful women walked in the sunshine glancing demurely upward into the shining eyes of officers in brilliant uniforms", and put in charge of the 'Lying In' wards of the Vienna University Hospital.

At the time, some 20 years before Pasteur and Lister, the puerperal mortality was very high in hospitals all over Europe reaching 100 per cent. deaths on occasions. The aetiology was completely unknown and the state of the weather, stagnation of lochia, and a vague airborn "Contagiosum" were blamed.

The "Maternity Unit" in Vienna was divided into two divisions—I and II staffed by Medical Students and Pupil Midwives respectively. Semmelweis noticed that the deaths in Division I, were always four times as great as Division II and he determined to find the answer:

"deep inside his agile brain evidence was being weighed and sifted".

He eventually decided that it was due to a factor that passed from a person who had died from puerperal fever via the hands of the students and doctors to the genitals of the new patient. At the time students and doctors were encouraged to pass freely between P.M. room and the ward, and indeed do as many P.Ms. themselves as possible. As this factor was unaffected by soap and water, Semmelweis instigated Chloride of Lime washes before every examination of a patient. The mortality dropped from 186 to 1.26 immediately thus proving his theory.

Unfortunately he had "an aversion to all that is called writing" and the consequences are well brought out by the author—controversy and misunderstanding in the middle of a Revolution, with hospital intrigue, his own unstable character, and late marriage thrown in.

I felt the author gave too narrow a biography, only the medical side was seen, and even this was predigested for us. I wanted to hear more from the lips of a man who could write to an opponent "I denounce you before God and the world as a Murderer".

This is a wonderful story told Hollywood style.

M.C.

SPORT

CRICKET

CRICKET TOUR

On a bleak July morning the majority of the cricket side drove through wind and rain to *Basingstoke, but however Guy's won the toss* and batted well and with enterprise before rain prevented further play after tea. After further premature refreshment the vehicles left in hope of meeting at a well-trodden annual rendevous. The journey completed after some difficulty with the direction by one particular driver!

Grave doubts, following a morning on the *bumper cars at Bognor Pier with pouring rain* outside, were unfounded after a pathfinder force of two members arrived at the Littlehampton ground. Having rounded up the remainder of the side a late start was made in unexpected sunshine. On a soft and difficult wicket and to hostile bowling Cook and Bernard made things look deceptively easy, hitting the ball hard and true. After a sporting declaration at 193 for 8, Littlehampton made no effort to make the runs and the game petered out into an uninteresting draw.

The game against our old rivals Bognor, however, produced one of the most remarkable games played this season. Having been put into bat on a green wicket the Guy's batting wilted before some hostile Bognor fast bowling. Biggs and Knott retrieved the total a little and extended our batting time until after lunch. However, the game proved to be no walk over for Bognor ; *with Knott bowling with equal hostility*, and able support by Cook (G), the Bognor batting collapsed from 65 for 4 to 77 all out. Notable were two catches taken in this game by Huins, and particularly remarkable was the stumping by Macgregor. Suitable celebrations took place afterwards as is the custom each year.

The golfing fraternity rose with some difficulty to meet the Ferring golfers at Worthing; this proved a most welcomed and successful addition to the tour, as did the game of cricket following *in the afternoon.* Full use of all the bowling ability in the side was used in the attempt to dismiss Ferring, and even the cars received punishment on the boundary line. Myall and Pagliero, however, gave Guy's a *splendid start* with an attractive first wicket stand of 93 and a good knock from Sievers won us the game with little time remaining.

Following a request from Cuckfield twelve men arrived on time and by lunch the Guy's total was 150 for 3, the "Squire" and Biggs in full cry, the latter reaching his 50 with his fifth bat! This was the most attractive stand of the tour, even surpassing the "Squire's" best-ever effort at Redhill the previous week. Bellamy bowled very well to *dismiss Cuckfield for 68 before heavy rain drove* us into the bar, and later, home. A most enjoyable and successful tour.

CUP FINAL

Guy's v. St. Mary's
at Old Wilsonians Ground, Hayes, Kent
23rd, 24th, 25th August, 1961

Guy's lost the toss on what appeared to be a green wicket, which later proved a wrong judgment when Mary's at lunch were 115 for 1. It was an unlucky morning for Guy's, but, after lunch, our position was quickly strengthened with quick wickets falling to Cader. He bowled an impeccable length the whole afternoon, his clever flight deceiving the Mary's batsmen into risks. After tea the Mary's tail was quickly polished off by Bernard, the total closing at 244. But shocks followed for Guy's when in the 90 minutes before the close, 3 were down for 34.

The following morning saw good batting by Bernard and then by Cader with able support from Norman, Sievers and Biggs and we passed the Mary's total to have a first innings lead of 28.

Cader again spun Guy's into a commanding position, but good batting by Carless and Kirk saw their total reach 190 by 4 p.m. Guy's were left to score 164 to win in the two hours remaining. MacGregor set the tone of the second innings with a brisk 12 and Bernard and Huins consolidated the position sensibly to 44 for 1 at tea. After tea Bernard with carefully lofted drives and hooks, and Huins giving him the majority of the bowling, saw Guy's home with 15 minutes remaining. It was an admirable partnership, with batting at its best and the between wicket running playing a prominent place. With four runs to win, Bernard completed his fine century, Huins his half century and Guy's then won the cup for the third successive year in no uncertain terms.

Guy's

H. W. MacGregor, ct. Walker, b. Goodwin	5
T. J. Huins, b. Moore	15
R. W. T. Myall, b. Goodwin	6
J. R. Bernard, ct and b. Carless	52
G. W. Cook, ct. Cummings, b. Goodwin ..	30
K. M. Pagliero, ct. Kirk, b. Carless ..	11
Z. A. Cader, not out	73
J. W. Norman, ct. Cummings, b. Walker ..	27
P. F. Sievers, ct. Carless, b. Moore ..	16
D. A. Biggs, ct. Addison, b. Moore ..	15
N. Knott, b. Goodwin	8
Extras	13
	271

Second Innings

H. W. MacGregor, b. Goodwin	12
T. J. Huins, not out	52
J. R. Bernard, not out	100
Extras	3
	167 for 1

Mary's—244

Knott	16—	7—29—2
Bernard	19.4—	5—45—3
Cook	18—	6—44—1
Cader	18—	4—59—4

and 190

Knott	14—	6—24—1
Cader	33—	11—55—6
Cook	22.4—	7—47—3

Guy's v. Old Alleynians

On the afternoon following the cup victory and ensuing celebrations, the Old Alleynians thought Guy's would suffer in the field. However this was not to be and the Old Alleynians struggled for runs on a soft wicket. Cader continued in his irrepressible vein of the previous days and was well supported by Banks, Cook, Bellamy, Dyde and even Huins.

Guy's, chasing 109, were soon in trouble, precipitated by two unfortunate leg-before decisions, and were 38 for 6 when Huins and Cader came together. The two men in form took control of the bowling and took Guy's to the verge of victory. Celebrations by this time were beginning to tell.

Guys

R. W. T. Myall, ct. Mayatt, b. Shapcott ..	1
R. F. Sievers, l.b.w. Shapcott	4
K. M. Pagliero, ct. and b. Shapcott ..	5
H. W. MacGregor, ct. Hubbard, b. Rogers	10
G. W. Cook, l.b.w. Shapcott	12
J. A. Dyde, b. Rogers	0
T. J. Huins, ct. Buffham, b. Pearson ..	34
Z. Cader, not out	32
H. Knott, not out	3
P. Banks, did not bat	
J. D. F. Bellamy, did not bat	
Extras	9
	110 for 7

Old Alleynians—109

Cader 3 for 37, Banks 2 for 8, Cook 2 for 4, Bellamy 1 for 20, Dyde 1 for 10.

Guy's v. Basingstoke

Guy's: 210 for 7 dec. (H. W. MacGregor 41, R. W. T. Myall 28, G. W. Cook 29, Z. Cader 50.)

Basingstoke: 38 for 2. Rain.

Guy's v. Littlehampton

Guy's: 193 for 8 dec. (G. W. Cook 57, J. R. Bernard 54, H. W. MacGregor 40).

Littlehampton: 126 for 7 (Leigh Browne 4 for 26).

Guy's v. Bognor

Guy's: 88.

Bognor: 77 (N. Knott 6 for 30, G. W. Cook 4 for 21).

Guy's v. Cuckfield

Guy's: 248 for 9 (J. W. Norman 75, D. A. Biggs 46).

Cuckfield: 68 (D. Bellamy 6 for 28).

MOTORING CLUB

AUTUMN LEAVES RALLY

The next rally will be on Saturday, 30th September. It will start at the Epsom Downs Hotel (M.R. 170/215½ 585½), at 4.30 p.m. and finish at the Pyrford Lock Inn (M.R. 170/053½ 593).

It will be a closed event governed by the rules of the Royal Automobile Club. A competition licence will *not* be required by drivers. It will be a navigational rally of about 100 miles in 6 sections. Average speed equipment will be required.

Entries will be limited to 40 cars and close on the 27th September at 5.0 p.m. Late entries will not be accepted. Supplementary regulations and further details can be obtained from the Hon. Secretary, D. J. F. Gurney, c/o Front Lodge or the Dental School. Entry fees of 5/- per car should be sent to : D. J. F. Gurney or A. Davis.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Dental Surgery Assistant,** with duties in **New Guy's House,** attached to the Dental Officer treating in-patients. It is hoped to start the appointment on 1st October, 1961, or as soon as possible after. Applications should reach the Superintendent, Guy's Hospital, London, S.E.1, as soon as possible.

Applications are invited for the post of **Registrar (middle grade) in the Radiotherapy Department,** with duties to commence as soon as possible, and the appointment will date until 30th September, 1962. Preference will be given to applicants with a higher degree in Medicine or Surgery. The department is fully equipped for all forms of irradiation including a linear accelerator, caesium and cobalt units, and facilities are available to study for the D.M.R. (T).

Forms of application are obtainable from, and should be lodged with, the Superintendent, not later than **19th September, 1961.**

PASS LIST

UNIVERSITY OF LONDON

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M. B. Mitchiner

Anatomy

First class honours

A. E. Davis W. G. Reeves

Second class honours (upper division)

M. N. Maisey M. O. Rake

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Final Examination

August, 1961

Surgery

*T. A. J. Ogunbiyi

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

P. P. Fanning

*Has completed the examination.

NURSING NEWS

Entered :

Sister Machin to *Preliminary Training School.*
Staff Nurse J. Pring to *Nuffield D.*
Staff Nurse C. Thomas to *Surgical X-ray Department.*

Left :

Staff Nurse Brambleby from *Evelina.*

THE WILLS LIBRARY

STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals borrowed from the Wills Library would return them without delay for checking purposes during stocktaking.

Borrowers, engaged on work of a special nature, may retain their volumes for a further period without inconvenience to themselves by renewing loans on cancellation of existing records.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bass, B. H. and another. The Spirogram in Ankylosing Spondylitis. The "Reversed Emphysema" Sign. *Ann. phys. Med.*, 1961, **6**, 105.

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PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

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CHANGES OF ADDRESS

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D. S. Robertson, M.B., B.S., D.A., 19, Madison Gardens, Durham Road, Bromley, Kent. (Tel.: WID 2808).

Dr. P. W. Ruggles, "Kemaman", Forge Lane, High Halstow, Nr. Rochester, Kent. (Tel.: HOO 480).

J. S. Van Den Berg, L.D.S., 80, Brighton Road, Coulsdon, Surrey. (Tel.: Bywood 2579).

Dr. K. M. Woodruff, Mount Cottage, Rhodes Minnis, Elham, nr. Canterbury, Kent. (Tel.: Lyminge 87445).

BIRTHS

GOULD.—On 29th July, 1961, at the Princess Elizabeth Hospital, Nairobi, Kenya, to Betty (née Sands), and G. Clifford Gould, M.B., B.S., a son (Jonathan Michael), a brother for Simon and Jeremy.

LACHAN.—On 8th August, 1961, at B.M.H. Hong Kong, to Elizabeth (née Gibson, S.R.N.), and Captain E. G. S. Lachlan, R.A., a daughter (Katherine Elizabeth), a sister for Sarah.

LIGHTFOOT.—On 23rd August, 1961, at Ely Hospital, Cambs., to Madeleine (née Beech), and Martin J. Loghtfoot, B.D.S., L.D.S., a son (Geoffrey Mark).

RAWLINS.—On 14th July, 1961, at Chase Farm Hospital, Enfield, to Josephine (née Heylen), M.B., B.S., and Frank Rawlins, a daughter (Brigitte).

SNEARY.—On 22nd August, 1961, at Guy's Hospital to Patricia (née Robson), S.R.N., S.C.M., and Michael Sneary, M.B., B.S., a daughter (Margueritta).

VAN DEN BERG.—On 13th June, 1961, at Guy's Hospital, to Diana (née Leverley), and Van, a daughter (Nicola).

EDS. { R.A.S / D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1909 23*rd September* 1961 *One Shilling*

PASSIM

THE clamour is on. Little scraps of information about future plans for the institution trickle down to the hungry masses providing perfect tea-time discussion material; every revelation disclosed adds a a little more weight to the opinion that in a few years' time Mr. Guy's Hospital will never have had it so good. At times such as this when a big progressive building site is being planned and where the effects of the change will be so long-lasting, the powers that be are continually beleaguered by people raising cudgels on behalf of so many factions; a letter in this issue* appears to raise a constructive cudgel (if the author will forgive the paradox) on behalf of a prominent but at present geographically diffuse faction.

At the time of our foundation the 18th Century university was a well integrated organization constituted by self-contained but intercommunicating units called Colleges. The flow of culture and academy was entirely unobstructed, and the University depended on this liaison between Colleges for its advance and prestige in any field. Competition and co-operation flourished side by side. One can be sure that, had Thomas Guy known the size and the success to which the Medical School would attain, he would have made extensive provision for student accommodation in his original plans.

As it happened, it befell the Department of Unmarried Mothers to be converted into a dwelling place for twenty or so full-time resident students (The Old Hostel). St. Christopher's House contains a few more. And so, for the majority, the student's day ends just when it should begin—at about five o'clock, after tea in the College, when he joins all the City commuters at London Bridge and returns to his room and takes up the tenuous link with his Hospital by recourse to his books. This evening outflow and morning resurgence spells doom for much university activity as such, because a university is an institution which should claim the student's attention in almost every sphere of his activity. It should be the background against which his academic and social development can most satisfactorily progress.

A chosen few may live a 'university life' in that they frequent the University buildings where they mix with members of other Colleges. The link is too slender: though we reach out to them and they to us, Guy's Hospital and London University remain separate entities on every level except the academical and financial.

* *Mr. Crowe's letter entitled 'The Next Generation'.*

Is it too much to hope for a future plan for student accommodation to fit in with these not too strenuous demands ? Only by living in close geographical proximity to each other and to the Hospital can Guy's students constitute a College which can cater for all aspects of university life as well as satisfy the more specialised demands of a teaching hospital.

One of the charming things about English medicine is the way in which disastrous happenings are liable to be described with gentle understatement. A stroke is a cerebro-vascular 'incident'; a heavy dose of arsenic is an 'insult' to the intestinal mucosa; a man is the 'host' of the spirochaetes which are killing him; and when a psychiatric patient micturates into his hat it is 'inappropriate'.

However such delicacy may sometimes lead to misunderstanding. In one of the most distinguished Guy's textbooks it is recommended that for two months after exposure to any ionizing radiation "men should refrain from acts conducive to procreation". Does this mean that a returning cosmonaut, freshly exposed to the ionizing radiations of space, should not raise his hat to the girls who assemble to greet him ?

IN BRIEF :

Dr. E. R. Cullinan and Dr. J. Forest-Smith have been appointed as representatives of the University on the governing body of the medical school.

Mr. Frank Law, who was earlier this year appointed President of the Ophthalmic Society of the United Kingdom, has been made Honorary Consultant in Ophthalmology to the Army.

Guy's Hospital has been awarded Second Prize—Silver Medal and Certificate of Merit—in the Hospitals' Garden and Flower Competition, 1961, of the London Gardens Society. In making this award the judges take into account the appearance of the flower beds and lawns in the Park, the window boxes, the various flower tubs about the Hospital and also the arrangement of flowers in the departments.

A portion of the Guy's Hospital estates in Herefordshire, put up for sale in March this year has been purchased by Mr. H. Clore, for the sum of £2m.

GUY'S DIARY

SEPTEMBER *Exhibition.* Department of Surgery : *The Hip.*

Department of Surgery: Clinico-Pathology meeting on Saturday 23rd September.

OCTOBER

Clinical Lectures in the Anatomical Theatre :

9th M 1.00 p.m. Dr. Hall.
13th F 1.00 p.m. Mr. Brain.

NOTICES

BRITISH DENTAL CONFERENCE

Nottingham, 1962

It is proposed to hold a Guy's Alumni lunch on Wednesday, 18th July, 1962, at the Cripps Hall, Nottingham.

It would be appreciated if any Guy's man, who is likely to attend, could notify us as soon as possible, in order that the necessary arrangements can be made.

D. J. LYON
J. F. H. YOUNG.

12, Oxford Street,
Nottingham.

The Ophthalmology Library

The staff of the Department of Ophthalmology have made their own books available for the use of students working in the Department. Several books are unaccountably missing and the Director would be grateful for their return at the earliest possible opportunity.

OBITUARY

HYLTON CLEAVER

Hylton died on 9th September, 1961, at his home at Putney. I first met Hylton at the London Rowing Club in 1926, when Cliffy (E. T. Clifton) the then Captain of Guy's Rowing Club, took me down to Putney to row for Guy's; Hylton was then the coach of the Guy's VIII and in the *Guy's Gazettes* of 1926-27 the reports on rowing continually mention the debt of gratitude that Hospital rowing owed to his keenness, untiring efforts and encouragement.

His fondness for hospital students in their sport, be it rowing, boxing or rugby football, was perhaps due to his student-like manner of one day having the wherewithal to stand a round of drinks and the next day not a bob to bless his name with. Many of us will remember him for his delightful school-boy stories, of which he was a prolific writer, and also his writings on rowing, boxing and rugby football; be it on the towing path at Putney, the ring side, especially Belsize Boxing Club, the International Rugby grounds, and sometimes at Honor Oak Park, he always had a cheery word for everyone. I last saw Hylton at Twickenham two years ago on a very cold Saturday International Rugby match, when he was very grateful for a cheery brandy; he told me then that his eyesight was failing and it was not long before I heard that he had given up reporting sporting events.

G.E.

J. C. writes :

The death of Hylton Cleaver means the end of the traditional boys' story set in some old famous school in the heart of the country conveniently near a market town or fine cathedral city. After the

Second World War only Gunby Hadath and Hylton Cleaver succeeded in placing their well-written, amusing and authentic school stories, shaped in the traditional Talbot Baines Reed mould. It is significant that both authors had been writing for the best part of 50 years and that both were "boys' men" who understood boys and knew how to write for them without any trace of pomposity or priggishness.

When Gunby Hadath died a few years ago Hylton Cleaver was alone in this particular field, and characteristically he set about creating a memorable school story personality in "Mr. Fortescue", who endeared himself to a new generation of modern schoolboys in *Boy's Own Paper*. "Mr. Fortescue" was a benign and kindly senior member of staff, who gave boys of spirit their head but still believed in firm dicipline for its own sake. He was available to any boy for advice and help at any time, and this was a constant theme in Cleaver's stories.

As a sporting writer Hylton Cleaver was one of the most versatile men in Fleet Street. A knowledgeable writer on Rugby football and rowing in particular, he made many friends and was in demand as a speaker at sporting dinners; he would invariably leave his audience with one bright idea or revolutionary thought that could be guaranteed to keep the talk going until the small hours. He was a staunch friend to a great many players and club officials in Rugby football, and he never broke a confidence. His editors could say with truth that he never missed a "deadline" either.

Hylton Cleaver's journalism was of a type which is now increasingly rare; he was a man who could write with ease and confidence on a dozen subjects, while remaining an authority on a few chosen things; he could turn his hand cheerfully and willingly in emergency to many tasks inside a busy editorial office. The modern young journalist often tries to be a specialist before he reaches the age of 25; Hylton Cleaver would smile at that, and, scorning criticism, would offer a helping hand instead before it was too late. He will be genuinely missed in Fleet Street and many sporting and "outdoor" circles.

One recalls with joy that he played his last game of Rugby football at the approximate age of 50; at half-time he called for a double brandy to augment the meagre slice of lemon that sufficed for his team mates and it was taken out to him under escort on a tray.

Fifty Years Ago

Gazette of 17th September, 1911.

The following letter was received from a man who wished to sell his body to the Hospital:—

"Dear Sir: I am a pure blooded Parsee and am directly descended from the ancient stock. Years ago, I made my name in English Literature and our best critics have proclaimed me to be a literary miracle. I am the author of poetical, dramatic and fiction works, and mine is the first instance of a Parsee, or for the matter of that, any Indian, being acknowledged in English Literature as a poet of genius and a literary miracle.

This being the fact, I have good reasons to believe that the study of my cranium would prove of great advantage to the progress of Psychology."

BED-WETTING

A clinical lecture delivered at Guy's Hospital April 1961.

by

R. C. Mac Keith

One way of finding a kickshaw* or hors-d'oeuvre for the start of a clinical lecture is to consult a dictionary. Under "bed", the shorter Oxford Dictionary (on historical principles) gave no mention of bed-wetting, though for a moment I thought I'd found it when I misread "O then we'll wed and then we'll bed" quoted from Carey. A glance at "clinical" on my way to look up "wet" gave interesting rather than helpful data for it defines a clinical lecture as a lecture delivered at the bedside of a patient on his case and, among other meanings, defines "clinical" as "One who deferred baptism until the death bed". Under "W" however I found that the use of the verb "wet" in the sense of "voiding urine (in one's bed or clothes)" dates back to 1767, so the title of this lecture is of some age though the disorder is presumably older still. Enuresis is one of the commonest disorders of childhood and deserves as close and intense study as one can give. It is a symptom and often it is one which we do well to tolerate while we try to treat the child's other troubles. The presenting problem may be bed-wetting but this is often only a by-product of his attempt to solve some other problem. The bed-wetting is often his "call for help", giving his doctor the opportunity to make a comprehensive assessment of the child, and of his environment to find the various ways in which we can help him. If we concentrate only on the symptom we shall miss ways of helping the person and often the best way of achieving resolution of bed-wetting is indirect.

At What Age is Bladder Control Normally Achieved?

In the infant the bladder empties automatically when it becomes full. The emptying may be triggered off by a local stimulus such as handling the penis or by a conditioned stimulus such as being put on a pot. By 12 or 18 months of age the infant tells his mother when he is about to pass water. Somewhat later he or she becomes able to control the impulse to empty the bladder, at first only for very brief but gradually for longer periods. As time goes on the maximum bladder capacity increases, partly from growth and partly from practice in holding water for increasingly long periods. Occasional lapses in control in day or night are to be accepted as within the range of normal. Control of micturition

* A fancy dish in cookery from F. quelquechose, something.

develops in the child as the resultant of two processes. One is maturation of an inherent tendency to develop this "skill". The other is opportunity and encouragement to use the emergent skill;—in other words, training. An alert mother may train a baby of six months to "oblige" on the pot, but this early simple conditioning to the pot is lost as the child gets older and is not always followed by particularly early development of lasting sphincter control.

Tables have been constructed showing, for various ages, the proportion of otherwise normal children who are wet at night (or are dry). There is general agreement that of two-year old children, 50 per cent. are dry at night, of three-year olds, 75 per cent. are dry and that at five years, 85 or 90 per cent. are dry. There might be fewer worried mothers if these figures were usually put in the opposite way, namely that of two-year old children, half, of three-year olds, one in four, and of five-year olds, one in ten children are still wet at night.

It would therefore seem that our modern appreciation of the "range of common normal" will remind us that even with children of over five years old some who wet their beds are normal children whose bladder control is developing unusually late but it is not disordered.

It is only a few years since we were speaking differently. A famous paediatric textbook published in 1953 says "the normal infant, sensibly attended, may be expected to acquire reasonable bladder control by the end of the first year of life or soon after. It may be earlier in some and later in others . . . soon after the age of two years, however, 'accidents' should be rare". This egregious error arose from a failure to find out when bladder control develops in normal children.

Definition

A child may be wet because he has a defective sphincter control from a spinal cord disorder—as in meningomyelocele—or because he has an ectopic ureter opening on the skin. These are not examples of enuresis but of incontinence of urine and are classified under the specific causes. Nor is a baby who is wet because of his (normal) automatic bladder emptying, said to have enuresis. Enuresis has to be defined to exclude organic causes and also late normal development of bladder control. I suggest the following definition:—

"Enuresis is the voiding of urine in inappropriate circumstances by a child who has no disorder of the nervous or urinary systems and who has had voluntary control of micturition for a time or who is of an age at which control of bladder function has usually developed."

It is a symptom which occurs as a non-specific response to a number of causes. There are a number of variants of the clinical picture. Two important types are those with primary (life long) enuresis and those with acquired (sometimes called "onset" enuresis).

ORGANIC CAUSES OF WETTING

If the child has dry nights, then it seems likely that there is no essential defect in the mechanisms of control. If he has a strong stream of urine then there probably is no obstruction to outflow from the bladder. The continuous leaking from an ectopic ureter, from the bladder of a spinal paraplegic or from the distended bladder in cases of outflow obstruction may be recognised from the history or in the examination.

Polyuria may be suspected if a history of polydypsia is elicited; it occur in chronic renal failure, diabetes insipidus and diabetes mellitus. Frequency of micturition in association with bed-wetting will warn you to look for infection of the urinary tract, but frequently will be due to anxiety.

Examination of the urine must always be done, and should be repeated if there is any doubt. Microscopy of the urine is essential; bacteriological examination with cultures is essential if symptoms suggest pyelonephritis or cystitis.

Children who wet in the day commonly go frequently to the lavatory and are unable to hold much water. They often have to go in a hurry (precipitancy of micturition). They have been described as having an "inherent" inability to tolerate more than a certain distension of the bladder. These are not explanations but new names. It is better to say that the bladder is still behaving as it did in infancy. Furthermore, if the child has always, in an infantile way, emptied his bladder when it is only slightly distended, it will never have been trained to hold larger amounts.

If a child develops a general anxiety about micturition, this itself may lead to frequency of precipitancy of micturition because the child becomes persuaded that he cannot hold his water, or because the anxiety interferes with learning processes.

Stress Incontinence as a cause of diurnal wetting.

We know of no survey of children, but since stress incontinence of urine, on coughing or laughing, occurs in many young women occasionally and in 1 in 20 is frequent, it seems likely that stress incontinence is a not uncommon cause of diurnal wetting, at any rate in girls. A carefully taken history will help in establishing the diagnosis.

Nocturnal Polyuria.

There is no good evidence that in most children who wet the bed there is unduly fast secretion of urine at night.

Some General Comments on Organic Causes of Wetting.

It is difficult to evaluate the reports from urological surgeons that in 10 per cent. of bedwetters there is an organic cause. "Reflex" causes such as the long foreskin, threadworm infection or coronal adhesions seem to us mythical. The cure that may follow cystoscopy does not prove that the enuresis was organic—or that the investigation was wise, for cystoscopy is an impressive, even punitive, procedure to a small boy. Not that most urological surgeons recommend immediate intense investigation. They sensibly suggest that usually the proper management will be the routine thorough history, examination and urinalysis, followed by a trial of treatment along psychological lines for three months and then, if necessary, a reassessment of the situation and consideration of the necessity for further urological investigations. This approach to enuresis is indeed that which is proper to all similar problems; we do not attempt to "exclude" either organic or psychological causes. We first follow for some way the possibility that the cause is organic because such causes may kill or may be easily treatable. If this approach is not

fruitful we then, while accepting that the cause may still be organic, follow for some distance the possibility that it is psychological, because at this stage such an approach seems likely to be more rewarding. The two possibilities are kept in mind throughout and either is reconsidered, if needs be.

Two further points: Firstly the presence of organic disease does not exclude the simultaneous presence of emotional disturbance; nor does emotional disturbance exclude organic disorder. Secondly, the presence of the symptom will itself cause secondary emotional upsets. It is not that we "exclude organic causes" and only then allow ourselves to consider the possibility of psychological causes. In fact, in every case we look both for organic disorders and for psychological disharmonies. This is comprehensive medicine.

Enuresis may be classified.

A. *Primary (or Lifelong) Enuresis.*
   - (i) from general immaturity
   - (ii) from intellectual immaturity
   - (iii) from emotional immaturity
   - (iv) from isolated immaturity of bladder control
   - (v) from deep sleep
   - (vi) cases in which acquired causes have replaced primary ones.

B. *Acquired (or 'Onset') Enuresis*
   - (i) From emotional disorder (notably anxiety) disrupting learnt behaviour
   - (ii) in behaviour disorder
   - (iii) multifactorial causes.

Primary (or lifelong) Enuresis.

If the child's bladder control has not yet developed, bed-wetting will have occurred nightly from birth. A child whose bedwetting has been continuous from birth is not considered abnormal until he has "reached an age at which control of micturition has usually occurred". We usually take this to be the age of five years, when 85 or 90 per cent. of children are dry. There are children *under* the age of two years old in whom, since they are dry, maturation has evidently occurred but we do not now expect all children of two to be dry. There are some children over the age of five who are normal children in whom bladder control is developing unusually late. Lifelong enuresis is a persistence of infantile behaviour. The immaturity may be general or more limited when it may be in the intellectual or the emotional field or an isolated specific delay in development of bladder control.

General immaturity in all aspects of development may in theory occur in a normal child but all round delay in development in a child of over five years of age almost certainly proves on further investigation to be due to an underlying intellectual or emotional handicap.

Intellectual handicap of lesser degrees is not particularly associated with late bladder control but severe degrees are. It is recognised by history of late smiling, sitting and walking, talking, learning etc., and by suitable tests.

Emotional immaturity reveals itself by social behaviour more appropriate to a younger age, for example, by increased dependence on the mother. It is seen in children who have had inadequate mothering whether from being in an institution or from not being fully accepted by their mothers. It is also seen in many handicapped children. Physical, intellectual and emotional development are interrelated. In assessing possible immaturity, an attempt is made to assess the child from each of these aspects.

Isolated immaturity of development of sphincter control.

Just as some normal children of 18 months are not yet walking, so about 10 per cent. of five year old children, and perhaps 15 per cent. of boys, have not developed control of micturition. Late development of bladder control is probably a fairly common cause of bedwetting in children five, six and seven years old.

If the age at which control emerges is an aspect of the child's development, one might expect it to be, to some extent, genetically determined. It is noteworthy that where the bedwetting is not accompanied by diurnal frequency or wetting, the likelihood of a strong family history is greater. This may well be because frequency is often an association of anxiety and if there is no diurnal frequency anxiety is less likely to be the cause and hence familial late maturation is more likely.

The analysis of "family patterning" is not always easy. A characteristic, such as speaking French or wearing the kilt, may be familial without being genetically determined. The infant is born with certain characteristics and with certain potentialities which will emerge as he grows. The traditions of the family he grows up in as well as the genes his parents gave him will affect what he becomes. There are, for example, families in which the children even at age four, five or six years, seem never to have been encouraged or expected to be dry. Where a younger sib also wets, it may be difficult to decide whether he too has a familial late maturation of bladder control, or is suffering like the older one from an atmosphere of anxiety or is imitating an admired older brother.

Deep Sleep.

It has been reported of some bedwetters that their sleep is unusually deep, and this has been held responsible for their bedwetting. It may be noted that ephedrine, originally used for its supposed belladonna-like effect of tightening the vesical sphincter and inhibiting the detrusor muscle, is also an analeptic and may have helped by diminishing the depth of the child's sleep. I feel that some children sleep light and some deep; of those who sleep deep as of any other group some are dry and some are wet. The depth of the child's sleep is one item to be considered together with all the other factors.

Continuous Bedwetting in which the cause has changed.

Enuresis may provide an elegant example of a situation in which the cause changes while a symptom continues unchanged. A boy of three may be wetting the bed because of late maturation of bladder control. If the parents are over-anxious about the wetting, they may well make him anxious, so that when at age four or five year, control does develop,

the symptom may still continue. The enuresis of immaturity may, without break, pass into the enuresis of insecurity. Observed factors are illness between the age of two and three years and admission to hospital at this time when sphincter control is about to be achieved.

Acquired or Onset Enuresis.

Acquired or "Onset Enuresis" is a name given to enuresis developing after the child has been dry for a considerable period.

A few cases of acquired bedwetting are due to recently developed organic disorders, for example, diabetes insipidus; but most of them seem to be of psychological origin. The time of onset is usually related to a time of potential emotional difficulty. Many of the children with onset enuresis have various symptoms suggesting emotional insecurity, but as this may be the result of the enuresis upsetting the child or his parents, such symptoms need cautious evaluation before they can be accepted as evidence of a psychological origin of the wetting.

The onset of wetting is often related to the advent of a new child in the family. It may start while the mother is pregnant, when she is away at the lying-in hospital, at her return with the new child, or when the newcomer begins to walk; the wetting may be accompanied by other symptoms suggesting regression to behaviour more typical of a younger age—clinging, demanding to be fed, etc. These symptoms can be very exhausting for the newly returned mother.

Wetting in the day or in the night may start at the time when the child first goes to the nursery or primary school.

Enuresis may date from an operation for circumcision, to being away in hospital or to some other separation from the mother. It may start at a time of divorce, separation or remarriage of the child's parents. There is evidence that first and second children are more liable to onset enuresis. Perhaps this is because the earlier children get the full brunt of the parents' efforts to bring them up according to the books ("You break your heart with the first one and break the rules with the second").

Most of the situations mentioned as precipitating the onset of enuresis are occasions on which the child may feel unsure that he has full maternal love and approval; "She got another baby", or "went away and left him". The child needs help to adjust to the situation, whether it is temporary or permanent. As mentioned before the wetting is often important not so much for itself as because it represents a "cry for help"; the enuresis directs our attention to the possibility of helping the child and his parents about emotional difficulties in their family relationships. Anxiety is the common emotional tone found in association with bedwetting, but it is not the only one. Occasionally wetting seems to be an expression of hostility. It may be the only way in which a boy compelled to be "good" can blow off his normal aggressive feelings against his parents or his school; in such a case the enuresis is serving a useful purpose.

Enuresis as a Cause of Symptoms.

Bedwetting is a symptom which itself can and often does produce psychological disturbances. They will depend on the mother's reaction to the wetting, and this in turn depends on what she remembers from

her own childhood and on what she imagines will be the attitude of her neighbours, the health visitor and the doctor. If doctors announce that the normal infant, "sensibly attended, may be expected" to be dry by the end of the first year, then conscientious mothers of two year olds who are wet may feel disgraced and bring greater pressure on the child. Yet, in fact, 50 per cent. of children are still wet at two years of age. The concept of a normal range of variation—whether in weight or in age of development of various skills—spreads slowly.

> A kindly couple brought their eight year old son whom they had adopted when he was aged three and a half years. Very soon after adopting him, because he was wetting the bed, they started him on an electric bell device. The results were disappointing and it was discarded. (They cannot have known whether he had yet developed bladder control). When first seen at eight years he was still nearly always wet, but at this age he was ready for and responded to general explanation combined with the use of the electric bell.

The teaching that "good" mothers will have children who are dry by the end of the first or second year is especially unfortunate because mothers want to be "good" mothers and so they try to persuade the child to be "good". Most of us have met children who, in their anxiety to be "good" pray that they may be dry. It is important for anyone who deals with children to be clear that we commonly use the words "good" and "naughty" to indicate what is convenient or inconvenient to the adult. Moral pressure should have little place in training children in sphincter control.

The anxious mother may be distressed because the child of six or seven apparently does not care whether he is wet or dry. Such an attitude is in fact rare. Much more commonly the outwardly unmoved child is, in fact, hiding behind a protective shell developed against the enormous maternal anxiety. To quote Dr. H. C. Cameron, "The trouble is not that they don't care, but they care too much".

RECOGNITION OF EMOTIONAL DISTURBANCE IN CHILDREN WITH ENURESIS

The emotional circumstances of the family will already be known to the family doctor. A family history of bedwetting to a late age is rarely easy to assess. The parents may have been led to abandon all efforts at training. At any rate, the doctor's knowledge of the family history will save him from glibly stating that *all* children become dry by such and such an age. The doctor may know of difficult relationships in the home. Enuretic children may give evidence suggesting that they are timorous, insecure children, lying awake for hours after going to bed or worrying about their school work. The process of history taking gives an opportunity for explaining something about the origins of enuresis and how common it is. Listening to the doctor, the boy or girl as well as the parent may appreciate that this is not a "shameful" or rare disorder.

The relationship between the child and the mother will to some extent be gauged by their behaviour at the doctor's desk. The child may be unwilling to lose contact with his mother's skirt or to be undressed. The mother may reveal warmth towards the child or that she

expects too much of him. It is nearly always worth seeing parent and child separately, even if only briefly.

The mother's and the father's feelings about the bedwetting have a great influence in this as in other disorders. It is always useful to give the mother a chance to say what she thinks about this symptom. What does her mother-in-law say? or her neighbours? Do they think she is incompetent? Is the extra washing a heavy burden? Three useful questions are "What sort of a boy is he?" "Are you or your husband the more easy-going?" and "How do you manage?" This may release much information and feeling.

The question "How long will he go on wetting?" may be met first by a question to elicit whether the mother knows other boys or adults with enuresis. It is unwise to affirm that "all boys grow out of this"; there may be someone in the family who is still wet in adult life. The mother's anxiety may be that there is organic defect—a weakness of the bladder that will be life-long. But if the child has even occasional dry nights you can remind her that the "machinery" is capable of lasting through a night and is therefore normal.

TREATMENT OF ENURESIS

Organic disorder may be recognised from the evidence of history, clinical examination and urinalysis, and if present it is treated *secundum artem.*

If no treatable organic disorder is recognised on the first assessment, then for a period of say, three months, attention is given to identifying and relieving tensions and emotional disharmonies, whether they seem to cause the wetting or to be the result of it. With this psychological approach we may combine training measures and symptomatic treatment (by lifting, drugs, etc.) for the exact part played by habit in perpetuating the symptom may not be clear.

PSYCHOLOGICAL TREATMENT

Listening to the child and his mother about the home and the family, about school, food and sleep, is itself therapeutic. In several interviews, each lasting perhaps half an hour, the mother will learn that the doctor thinks enuresis is a disturbance worth trying to treat and that he does not hold her or the boy blameworthy, that he is not the only boy of his age with this trouble and that time is on his side. There may be general discussion of the atmosphere at home, and of the parents' attitudes. Sometimes a parent will find it easier to take in suggestions about the boy's problems or the family situation at home if one tells a story about a boy and his mother. As well as seeing the mother and the child separately, the doctor will welcome an opportunity to meet the father. A school report on the child's progress, and perhaps a psychologist's assessment of his capabilities, may help to identify the important source of stress.

It has been remarked above that enuresis is a symptom and that it is often a "call for help" from the child who is finding difficulty in managing. It is necessary to estimate whether the child has difficulties, how serious they are and whether they call for more expert psychiatric management. Whether the doctor's sheet anchor is belladonna or the

bell, the fact that you have taken on the child is psychotherapeutic; and as he is necessarily practising psychiatry in this situation it seems worthwhile, for him to do it consciously and to look at the mother and the child from this point of view. He will be able to use the various symptomatic aids to treatment all the better if he knows what sort of people his patients are.

What sort of person is the mother?

What are her attitudes to child rearing? Does she feel she is being criticised by doctor or neighbours for failure? Does she feel she must be in control of her child? Has her "failure" undermined her self-confidence? The doctor may let the boy or girl go out of the room, convey to the mother his approval of the general results of her bringing-up of the children and let her talk about her fears and hopes—and not only about bedwetting. Is she worn out with the washing? Would a spin drier avoid her daily shame of hanging out the sheets? Has she laid pressure on the child whether by threats or bribes?

What sort of a boy or girl is the child?

Remembering that enuresis is a non-specific symptom may lead to the discovery of a variety of situations. Is the wetting part of regressive behaviour the consequence of a later pregnancy? Is the child generally anxious about this school work, or about the dark? Is the lavatory far away, or cold? Is the child desperate in his anxiety to be dry? Is he genuinely carefree or is he presenting a façade? Is this the only way of "respectably" expressing his hostile feelings? The doctor may see the boy by himself and let him talk of school, of home, of his ambitions, and of his fears.

Aids to Treatment.

In assessing the needs of the child, one will take note of some features of the total picture. Bedwetting combined with day-wetting and/or frequency, suggests anxiety, especially if it is of the onset variety. Nocturnal wetting, uninterrupted from birth and unaccompanied by diurnal symptoms, indicates late development of bladder control.

Although a parent may well join in the child's pleasure at having a dry bed, I do not think material rewards for dry nights are specially desirable. The gold star chart may work; but it directs attention to what is a symptom. Punishment is an inefficient treatment; it may work but if it cures this symptom, another is likely to appear instead.

Reducing fluid intake.

To let a child drink a great deal of tea or water shortly before retiring may overtax his limited powers. Conversely, excessive limitation of fluid intake leads to the secretion of a concentrated urine which may irritate and cause frequency.

Lifting the child at night.

I doubt whether lifting at 10 p.m. accelerates nocturnal control of urination. But mothers find that doing it saves them laundering, or prevents ammoniacal dermatitis. The Army had a custom of putting

enuretics to sleep in the guard house where they were woken hourly, then every two hours, then three hourly etc. with the aim of training them in bladder control. This often worked for adolescents. Most parents would prefer to have a full night's sleep rather than use this symptomatic treatment over a long period. We have always to consider the parents as well as the child.

Training the child in the daytime.

A child who frequently empties his bladder, for whatever reason, may continue to react in an infantile way to moderate bladder distension. It may be worth while getting the child to practice retaining his urine for increasingly lengthy periods, starting with a period well within his powers and perhaps giving him a watch to time his visits to the lavatory.

The Heavy Sleeper.

Very deep sleep does sometimes seem to be a reason why a child wets the bed. There are two methods of symptomatic treatment for this trait. We may give an analeptic drug such as dextroamphetamine. This should be given to the child when he is being tucked up for the night, for if given earlier, it may impede his getting off to sleep. Analeptics are best given in long-acting, slow-release preparations. ("Dexten" tablets contain 10 mgm of dextro-amphetamine; "Spansules" containing 10 or 15 mgm or "metamsustac" tablets, 7·5 or 15 mgm are alternative preparations). The dose will be increased as necessary; children may take 10 or 20 mgm of dextroamphetamine without excessively light sleep or sleeplessness.

Drug Treatment for Enuretic Children.

Children wet for various reasons. The large majority need help for emotional difficulties, which may be either the cause or the consequence of the wetting. As aids in dealing with the psychological problem, drugs are sometimes useful, but they are only ancillary.

Some mothers equate "treatment" with a bottle of medicine or a box of tablets. "He didn't even give me a bottle of medicine" may be the disapproving comment of a mother. One such day a remark will be made in praise! Not infrequently it is the doctor who has convinced himself that drugs are the only form of treatment. We have constantly to be on the alert against "drug addiction"—i.e. addition to prescribing drugs which have no sound scientific basis. Studies of the effects of giving placebos consistently show that the evaluation of remedies is difficult. The doctor has to try to keep his thinking clear. If drugs are given, they must not lull him into thinking he is treating causes—these have still to be identified and treated. Placebos may satisfy parents, they must not satisfy doctors. Why should we start the child off on the road to belief in the magic and the importance of medicines? If a mother seems likely to be unhappy if no drugs are given, we may use an inactive drug as a placebo—for example ("in half a wineglassful of warm water just before going to bed"). Giving phenobarbitone is often a way of keeping doctor and mother content while the child develops bladder control in his own time, or adapts to his emotional difficulties. A disadvantage of phenobarbitone is that it makes some children, especially the younger ones, miserable,.

Sedatives may contribute a little to the management. In the first place, sedatives given at night may help an anxious child to get to sleep quickly and so feel more refreshed next morning. Sedatives in the day or at night may reduce the child's fear of wetting.

Belladonna and Ephedrine.

Belladonna has been highly spoken of in the treatment of enuresis and of diurnal urgency. It seems to us probable that this is another example of an active drug being used as a placebo. It is difficult to understand how a dose of belladonna taken on retiring can be active throughout the night. The same argument applies to ephedrine, given with similar aims. If ephedrine has an effect it may be attributed to its analeptic action—it is related to amphetamine—in making the child sleep more lightly.

Treatment of Enuresis by Conditioning with the Electric Bell Device.

Psychological treatment of enuresis may be based on the idea that the wetting is a symptom of an underlying emotional disorder—fear of loss of maternal approval (as in regressive behaviour), fear of wetting, hostility etc.—which deserves investigation and treatment. Another psychological approach is based on considering nocturnal control as something which may be taught by conditioning. It is on such lines that the success of the electrical buzzer device is explained. The enuretic responds to the stimulus of a full bladder by urinating. During the period of treatment, the same stimulus, the full bladder, is linked with a waking stimulus, a bell set into action at the beginning of micturition. Urination responses are inhibited on waking and, by a conditioning process, this inhibition ultimately occurs as a response to the full bladder spontaneously without waking and without the sounding of the bell. Symptomatic treatment of bedwetting by the use of the electric bell device is not a universal cure for enuresis at any age but it is a valuable aid in some cases. We do not use it for children under the age of seven years, partly because in some bladder control may not have developed, and partly because some younger children think of it as a punitive measure. The electric buzzer produces a cure of the wetting in about three out of four cases in which it is used. The cures symptom may be replaced by another. Success is often accompanied by general improvement in the boy's emotional state. Often there is an initial period during which the boy has some dry, some damp (enough to start the bell) and some wet nights, so inquiry should distinguish between damp and wet beds. If the boy sleeps through the ringing, he should have dextro-amphetamine to enable him to wake more easily.

If the Enuresis Persists.

Most of us find that of children brought for enuresis, some, perhaps a quarter, respond quickly to simple measures, a number improve a little and the rest, perhaps half, seem to take their own time about losing the symptom. The young doctor sometimes obtains more quick cures. Is it because he is less disillusioned, more hopeful, more interested, gives more time?

After three months of treatment, the problem should be reassessed.

It can then be decided whether the psychological approach looks promising or whether further urological investigation is warranted.

Urinalysis may be repeated; bladder function tested by estimating the residual urine. A pyelogram may reveal evidence of obstruction to outflow from the bladder. Spina bifida occulta is of no significance in the absence of other neurological abnormalities. The urological surgeon may be consulted and he may proceed to cysto-urethroscopy. In the absence of matched controlled studies, the significance of many of the reported findings is obscure but sometimes significant factors are discovered.

CONCLUSION

Enuresis is common; only a minority of cases resolve quickly. We might dismiss the rest, telling they them will eventually become dry. The medical officer of a public school said that three or four per cent. of every intake of 13 year old boys were enuretics and that in almost every case the symptom goes within two or three terms without specific treatment "provided the condition is not made the basis of a personal drama". But enuresis produces unhappiness and extra work and as it is often treatable, its persistence into later childhood is a challenge to those who have medical responsibility for children. Before we leave the symptom to resolve itself or give a 100 ephedrine tablets and an appointment to come back in three months, half a dozen interviews of half an hour each are the right of the mother of the enuretic and of the child.

CODA

I wonder how many of this audience have been enuretics, can remember wetting the bed to a late age. Perhaps a high proportion, for you are a highly intelligent group and Dr. H. C. Cameron used tell of a house-master who went to his headmaster and asked that a boy should be expelled for bedwetting. "Certainly not; it's the boys who have been bed wetters who get all our scholarships".

FURTHER READING

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RESEARCH AT GUY'S

Dental Prosthetics . . .

In order to restore deficiencies in the dentition or the maxillo-facial skeleton it is important that we have a detailed knowledge of how appliances behave in the mouth. Research carried out in this Department is therefore concerned with the mechanical function of appliances and the response of the tissues of the mouth to these prostheses. In addition, work is being carried out on the development of new materials for dental use and an anatomical study of patients will full natural dentition is being made with a view to improving artificial denture design.

An investigation is being carried out into the nature and frequency of the contacts occurring between opposing teeth in full dentures during normal function. This has involved the development of miniaturized radio transmitters which are built into the dentures and a signal is transmitted each time the teeth touch. This information is recorded on a continuous trace whilst patients are consuming various items of diet. In this project Mr. D. J. Neill has had the collaboration of Mr. H. S. Woolf of the Medical Research Council Bio-Engineering Laboratory.

Mr. R. I. Nairn is carrying out cephalometric studies designed to establish the value of certain anatomical datum points in prosthetics and the consistency of the relationship between certain anatomical and dental measurements.

Mr. R. D. Gain, who has for many years specialized in the treatment of cleft palate patients by means of removable appliances, has been collecting statistics concerning the congenital defects of the palate and lip.

Current work on materials includes investigations into the use of epoxy resins and clinical trials of denture cleansing agents and medicaments used in the treatment of denture sore mouth and angular cheilitis.

OBITER DICTUM

Man attending Out-patients :

"Five years ago my prosperous gland was removed".

CORRESPONDENCE

Letters to the Editor of the Gazette

In the issue of 26th August, 1961, a letter was published entitled 'In Praise of the College' which finished with the signature (printed in the original) of a member of the staff who denies authorship of the letter.

As is clearly our obligation we apologise openly to the gentleman in question for this publication and deny its authenticity.

Letters to the Editor cannot be published in the "Gazette" unless the written signature of the Correspondent is appended. If anonymity is required then the author's identity will remain confidential.

The Next Generation

SIR,—In the past Guy's Hospital has a magnificent record of pioneering the field of Medicine, and in many ways Guy's is still at the forefront, witness the magnificent new surgical block. But, may I urge the Governors to watch lest they fail the next generation of doctors. They already have the "writing on the wall" to see; the lack of Research by students' mentioned in *Passim* last week and the inadequacy of the College accommodation.

Sir, there is yet another need that requires urgent consideration. There is a trend today for the student to become a Hospital cog unfitted for the wide horizons that General Practice offers.

I have no doubt that in the Governors' young days there was plenty of time to go round for medicine, sport, leisure activities and all the travelling they involved. Today, the volume of knowledge we are expected to absorb has more than doubled and, due to L.C.C. planning, students have to live farther and farther away from their work. Because of this, it is not surprising that the Hospital societies that manage to struggle along receive such poor support, or that they are nearly all run by the 4 per cent. of students living in the Hospels.

Sir, Guy's needs a large, mixed, Students' Hostel attached to the Hospital like, I hate to say it, St. Bartholomew's.

Sir, we are students of London University and as University students we deserve a University Life. This would best be achieved by providing a self-contained college, incorporating the best elements of Oxbridge, catering for at least 25 per cent. of all students to be a centre of cultural and intellectual activity for all.

Sir, may I urge Guy's to grab this pioneering opportunity while there are still great men in the Hospital to show us the way.

Yours etc.,

M. CROWE.

Guy's Hospital, S.E.1.

Intensive Care Unit

SIR,—In view of the increase of work in the Intensive Care Unit, it is necessary to increase the number of trained staff working there.

I should, therefore, be grateful if you could bring to the notice of former Guy's trainees that I would be interested to hear from anyone who has had not less than three years' experience since completing her training, including a year's course, or experience in cardiac and thoracic surgery.

In addition to a second Sister in the ward, there will also be a vacancy, on 1st November, for an experienced Staff Nurse.

Yours etc.,

J. ADDISON, *Matron.*

Matron's Office,
Guy's Hospital, S.E.1.

See letter entitled 'Miss Margaret Hogg'.

Front Row—left to right : Miss Esther Young 1899, Dame Sarah Swift 1900—1909, Miss Victoria Jones 1882—1893, Miss Nott Bower 1893—1899
Back Row—Miss Louisa Haughton 1909—1917, Miss Margaret Hogg 1917—1927

Guy's House

SIR,—To correct a matter of fact Miss Griffiths and your readers should be assured that a restored and rebuilt Guy's House will be good for very many more than the thirty years which she has mentioned.

Yours etc.,

A. H. BURFOOT,
Clerk to the Governors.

Counting House,
Guy s Hospital, S.E.1.

" Mongolism "

SIR,—You are not alone in your wish for an inoffensive name for this condition (*Passim*, 9th September, 1961). In *The Lancet* of 8th April, last (p. 775) you will find a letter on this subject from nineteen eminent workers of seven countries. In putting forward these possible synonyms—"Langdon-Down anomaly", "Down's syndrome or anomaly", "congenital acromicria" and "trisomy 21 anomaly"—they hope that agreement on a specific phrase will soon crystallise if once the term "mongolism" can be abandoned'

Yours etc.,

R. G. SPECTOR,
(*Paediatric Research Unot*)

G. A. K. MISSEN.

Department of Pathology,
Guy's Hospital Medical School, S.E.1.

Miss Margaret Hogg

SIR,—I am writing to ask if you could devote a little space to the most historic occasion when Miss Margaret Hogg, Matron of Guy's Hospital from 1917-1927 visited New Guy's House, on 22nd August, 1961.

I was privileged to entertain Miss Hogg to lunch and to show her the new building, and I had a most inspiring afternoon. Miss Hogg, who is nearly 85, was very agile and alert, and spent two hours touring the new building and looking into every nook and cranny. She thought it quite wonderful and quite fabulous, and she was so happy to see the many amenities provided for the patients. She also spoke to a number of the Sisters and Nurses and told them how very lucky they were to be in training at the present time. She felt that the spirit of Guy's, and the standard of patient care had been maintained, and she left with many happy memories of a most enjoyable visit. She would not even admit to being exhausted !

Whilst here Miss Hogg presented me with a photograph taken at a Guy's Garden Party shortly after the end of World War 1, of six Guy's Matrons, ranging from 1882, which I enclose.

Yours etc.,

J. ADDISON, *Matron.*

Matron's Office,
Guy's Hospital, S.E.1.

REVIEWS

Orthopaedics for Nurses. By WILKINSON AND FISK. Faber. *Price* 37*s.* 6*d.*

The Editors state that they set out to "provide an account of modern orthopaedic thought and practice but also to describe some of the older and basic techniques which are in danger of being forgotten." Chapters by specialists in various fields are included, poliomyelitis, cerebral palsy, and peripheral nerve injuries being dealt with in this way, but by far the best of these is Dr. Guttmann's contribution on "Nursing in Spinal Paraplegia", There is a good chapter on "Nursing of Injury" although in the treatment of individual fractures more space could have been given to fractures of the femoral neck.

There are some excellent X-ray photographs and good diagrams (particularly of congenital deformities) but many more diagrams could have been used, *e.g.*, for showing "Keller's operation", "Triple arthrodesis", etc. The photographs of patients in traction are confusing and might well be replaced by drawings.

On the whole it is difficult to see for whom the book was intended but it would be worth putting into the library of a General Training School for Dr. Guttmann's chapter alone.

B.B.W.

Principles of Surgery and Surgical Nursing. By TAYLOR AND WORRALL. Modern Nursing Series. E.U.P. *Price* 15*s.*

The authors have attempted to cover the whole surgical syllabus of the General Nursing Council in one book, thus including Orthopaedics, Ear, Nose and Throat, Paediatrics, etc. This has resulted in a rather "scrappy" presentation. If some of the special sections had been omitted there would have been more room for the sections on Surgical Nursing which are often so brief that special as opposed to general pre-operative care is not always given; for example, in the section on thoracic surgery no mention is made of estimation of the vital capacity.

There are numerous small drawings in the text, some of which are extremely confusing, for example "double bowelled colostomy", and some of which seem unnecessary as illustrations, *e.g.*, the accessory auricle.

This book might be useful to the nurse who could not afford an expensive book but would be of limited value in a nurses' library.

B.B.W.

A Synopsis of Physiology (*Rendle Short*), *fifth edition.* Edited by C. C. N. Vass. John Wright and Sons, Ltd. *Price* 20*s.*

A synopsis always should take longer to prepare than a more lengthy account. It appears to me that Dr. Vass has either had difficulty in achieving his aim or not spent enough time on it. Many sentences are long-winded and difficult to understand. Part of the trouble is the old one of packing sentences with abstract nouns derived from Latin or Greek where a simple Anglo-Saxon verb would do.

The book is also a strange mixture of the simple and obvious with the more complex. The original foreword says that the less ambitious candidate may omit the sections in small type but as it is all in small type with no smaller type this is not possible.

Krebs cycle is in two places in the book; in both it is not easily learnt because of the way it is arranged on the page. The sections on the Nervous System are hopelessly out of date. Indeed there is nothing I could find in the whole book that was not known five or six years ago. This is a great pity because such a book as this could be most useful for quickly obtaining tabulated up-to-date information. Unfortunately Dr. Vass never quotes the source of his information except an occasional author's name.

For £1 10*s.* a student can expect a more helpful account of modern physiology.

J.W.O.

Artificial Feeding in Early Infancy. By ANDREW BOGDAN, M.D., M.R.C.P.E., D.C.H. Publisher's Agents—England. Austock's Medical Bookshop, Leeds. *Price* 3*s.* 6*d.*

This booklet is one of a series and is intended to be an introduction to the subject rather than an alternative to a textbook. It contains 51 pages of which 24 are blank "for personal annotation of variations and other views on artificial feeding."

Sizes of feeds, frequency and when to increase size of feeds are described in detail but the criteria of adequate weight gain and a satisfied infant are not stressed. The sections on indications for artificial feeding and preparation of dried milk feeds are good.

Several statements, in the text are repeated: 'composition of cow's milk,' 'caloric content of milks' and the phrases 'will present little difficulty' and 'common sense is necessary'.

Under the section on Vitamins, it is suggested that an artificially fed infant should get Vitamin supplements daily. If this is advised with proprietary milk preparations a daily intake of more than 400 units of Vitamin D would result and this is more than that recommended.

This booklet cannot be wholeheartedly recommended for Students in its present form.

M.C.J.

Oral Physiology. By SIDNEY I. SILVERMAN. St. Louis. C. V. Mosby Co. 1961. London: Henry Kimpton. *Price* 112*s.* 6*d.*

This book is intended for dental students. It is divided into three parts. The first and longest part describes the structure and function of the major tissues of the body, the second part describes deglutition, mastication, respiration, speech and head posture while the third part is devoted to the application of physiology to some clinical problems in three age groups; childhood, adult life and old age.

The book is well produced and the illustrations and photographs are of high quality (the caption under Figure 275 on page 510 is an obvious misprint), the anatomical drawings are especially clear. The introduction of a list of references at the end of each chapter is welcome in an undergraduate textbook. I feel, however, that the basic physiology contained in the first part is better described in other textbooks. In the second part the chapter on posture and gait is readable but the anatomical descriptions are inaccurate and show no knowledge of recent work. The author appears to be ignorant of the structure and actions of the palatal muscles, the account of tensor palati being especially misleading. The third part of the book contains some interesting reading.

I do not think that this book will be of value as a basic textbook to the dental student in this country. It is expensive and may find a place on the shelves of a reference library as a source of occasional reading.

C.A.H.

The Day Hospital Movement in Great Britain. By JAMES FARNDALE. *Published* by Pergamon Press. *Price* 84*s.*

This book is the report on a research project which took for its subject the various types of day hospitals and centres which have developed in this country since the war. Emphasis, as is to be expected at the present time, is mainly on the psychiatric day hospitals, but the author also comments in some detail on the other types of day centre developing over the country. There is at present little uniformity of development, and the information in this book is used to illustrate the differences and comparative advantages of the various types of organization. This work is the first to contain such detailed information about a movement which is still in its infancy, and the book, therefore, fills a gap in the present state of knowledge, and should be helpful in assessing the present stage of development and deciding future trends. Mr. Farndale shows that the time is ripe for such an assessment, and himself draws some interesting conclusions and puts forward suggestions for the future which are worthy of close consideration.

R.H.S.

GUY'S HOSPITAL L.T.C.

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HOSPITAL INFORMATION

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All requests for the 1961 Guy's Directory have been despatched. Copies are still available and orders should be sent to the Manager, Guy's Hospital Gazette, 16, St. Thomas's Street, S.E.1, together with cheque for 13s. 6d., which includes postage—marked "Directory".

INDEX 1960 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding cases 5/6d. each.

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CHANGES OF ADDRESS

Barry W. Jones, M.B., B.S., P.O. Box 26, Eldoret, Kenya.

C. Howard, B.D.S., L.D.S., 75, Langley Road, Slough, Bucks.

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D. Orme-Smith, B.D.S., Little Creek, Bentsbrook Park, North Holmwood, Dorking, Surrey.

Stephen H. Richards, F.R.C.S., Dept. of Otolaryngology, Henry Ford Hospital, Detroit 2, Michigan, U.S.A.

Dr. I. C. Roddick, 37, Palace View, Shirley, Croydon.

BIRTHS

CRANE.—*On 4th September, 1961, to Freya* (née Hyde, S.R.N., S.C.M.), and Colin Crane, M.B., B.S., a son (Miles Owen).

HOWARD.—On 31st August, 1961, at Exeter City Hospital, to Marian (née Burnes), and Ramsey Howard, of Undercliffe, Dawlish, Devon, a son (Paul) brother for Kenneth.

HOWARD.—On 16th July, 1961, at New Guy's House to Rosalie (née Burrows), S.R.N., and Colin Howard, B.D.S., L.D.S., a son (Robert John).

PARISH.—On 10th April, 1961, at Townend Maternity Home, Hull, to Joan (née Riley), S.R.N., S.C.M., H.V., and Raymond, a daughter (Susan Margaret).

MARRIAGES

JONES—ASHTON.—On 2nd September, 1961, in Eldoret, Kenya, Barry W. Jones, M.B., B.S., to Evelyn C. Ashton, S.R.N., S.C.M.

WHITLOCK—MANTON.—On 4th August, 1961, Denis Whitlock, F.R.C.S.(Ed.), to Pamela Manton (née Rugg) at Kensington.

EDS. {R.A.S D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1910 *7th October* 1961 *One Shilling*

PASSIM

THIS first *Gazette* issue of the Academic Year gives us the opportunity to welcome all newcomers to the Hospital. To those Freshers who have time to look around during their second week at the Hospital and who are interested in their probable future when they qualify, we recommend the article 'A Glance Ahead' in this issue.

The publishers number also gives us a chance to thank all our advertisers for their continuing support, and we would like to draw the reader's attention to the Book Review Section.

It is fatally easy for students to do too much book work during their first year or so at Guy's. A student who comes here from the provinces will probably find himself living in digs somewhere in South London and at some distance from the Hospital. Since the rent for his digs will be inclusive of meals he will return there each evening for supper. On most days having had supper it will be too late or too expensive for him to return to Guy's or elsewhere in town and he will spend the evening in his room. Here, for lack of anything else to do and because the prospect of the 2nd M.B. examination is always kept prominently before him, he will spend much of the time reading textbooks and lecture notes. This routine may occupy him for five or six days a week. That it is quite a common one among preclinical students shows among other things in their very poor support of the Hospital societies.

Such a way of life is very drab and uninspiring when compared with the visions of men like Osler who conceived of a medical student's life as one of devotion to medicine coupled with a balanced social round and a "daily intercourse with some of the great minds of all ages". In welcoming the new students to Guy's this week we would urge them to realise that in returning to their digs each evening they will miss many things which a small financial sacrifice and a little optimism about their examinations would secure for them.

The importance of a good general education for doctors is something to which at least lip-service is widely paid. It is, as Osler remarked, an antidote to the cynicism about life which a doctor can so easily develop. At Guy's a student is left to educate himself. This, like most things, has its advantages and disadvantages. It is all too easy not to be able to find time to for extra-mural activities,

but there is in fact ample time providing that the bogie of 2nd M.B. is not allowed to loom too large. In this connection it is interesting that the North-western University in America has just started a new medical course in which it takes 6 years to qualify after leaving school instead of the usual eight in other American universities. The course is therefore the same length as the English one and yet the study of a foreign language, English literature, sociology, anthropology and psychology are all compulsory in the preclinical period.

At a time of welcoming new students, it is of special interest that in the October entry of 1901 appears the name of W. M. Mollison from King's College, Cambridge.

As clinical student, consultant and teacher, and now as Chairman of the Council of Governors of the Medical School, Mr. W. M. Mollison, C.B.E., M.A., M.Ch., F.R.C.S., has completed 60 years of continuous association with Guy's.

With much regret we announce the tragic death of Edward Farrar Soothill, F.R.C.S., at Melbourne, on 1st October, and we express our deepest sympathy to his wife and family.

"Give them an inch and they take a mile" is an aphorism which applies currently to many parties: Russians, demonstrators, editors, and the Sunday Press. This milemanship was beautifully demonstrated in the Sunday newspaper account of the removal of two subcutaneous foreign bodies from an unfortunate patient in New Guy's House. "For over two hours . . . surgeons fought to save the patients life for the second time . . . in tense glare of arc lamps . . . had to save the *lung* . . . etc." What really happened was this: The H.S., sweat dripping into his eyes under the massive heat of the theatre, looked up, controlling the quiver of his upper lip with an Herculean effort he shattered the awesome silence with a curt—"Local please sister." The capable, steady, sterile hand extended towards the glittering proffered syringe in a flow of superbly controlled movement and he sighed with satisfaction as he gripped . . .

But what's the use ? No one would believe us.

IN BRIEF :

Dr. Keith Simpson was recently elected President of the Medico-Legal Society which celebrates its Diamond Jubilee this year. Since 1901 the Medico-Legal Society has steadily prospered and has numbered among its presidents such distinguished members of the two professions as Lord Riddell, Sir Bernard Spilsbury, Mr. Justice Humphreys, Sir Roland Burrows, and Sir Norwood East. Dr. Keith Simpson is the first forensic pathologist since Spilsbury to take the presidential chair.

Three publications have recently been issued from the *Gazette* office: The 1961 Guy's Directory, a list of men and women qualified at Guy's, a booklet for patients coming into the Hospital published by the Guild of Ex-Patients and a strip magazine 'Billy goes to Hospital' which is the same as the booklet but is in comic form to explain about hospitals to the young.

We are very interested to learn that an old Guy's man, Mr. John A. Currie, M.S., F.R.C.S., is this year's President of the 43rd South African Medical Congress, which has just been held in Cape Town.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *The Hip.*
			Exhibition. Department of Surgery. *Breast Cancer.*
9th	M	1.00	Dr. Hall. Clinical Lecture. *Problems of Out-Patient Anaesthesia—Medical and Medico-Legal.*
13th	F	1.00	Mr. Brain. Clinical Lecture. *Artificial Respiration.*
14th	S	10.00	Professor Hedley Atkins. Departmental Round.
19th	Th	1.00	Professor Polani. Clinical Lecture. *Severe Jaundice of the New Born: Its Causes and Sequelae.*
20th	F	1.00	Dr. MacLean. Clinical Lecture.
23rd	M	1.00	Mr. Gibberd. Clinical Lecture. *Abnormalities of Foetal Attitudes.*
26th	Th	1.00	Mr. Glover. Clinical Lecture.
27th	F	1.00	Dr. Kauntze. Clinical Lecture. *Carcinoma Bronchi.*

NOTICES

Harvest Festival

Harvest Festival Services will be held in the Chapel on Sunday, 8th October. Holy Communion at 7 a.m. and 8 a.m., Morning Service 10.45 a.m. We shall be glad of gifts of flowers for the decorations, to be sent to Chapel, please, by 10 a.m. on Saturday 7th October.

GUY'S EAST ANGLIA DINNER

A Guy's East Anglia Dinner will be held at the Angel Hotel, Bury St. Edmunds, on Saturday, 21st October, 1961. Will any East Anglian Guy's men who have not received a notification of details of the dinner, and who would like to attend, please write to Dr. A. Batty Shaw, 41, Newmarket Road, Norwich, Nor 22D.

Then as Now

There is a blackened brass statue of the founder in the court-yard.
Guy's Hospital. *Walks in London. Augustus Hare.* 1901.

A GLANCE AHEAD

by

PROFESSOR W. J. H. BUTTERFIELD

"What are you going to do when you've qualified ?" You must have been asked this question many times, but it is so difficult to give the answer. It all depends upon interaction between your *real* aptitudes and abilities on the one hand and the opportunities ahead on the other. I say *real* aptitudes and abilities because your problem in deciding what to do will be even more complicated if you base the programme for your career on false estimates of yourself. However, this is neither the time nor place to present a series of "know yourself" questions, which might or might not decide whether you are cut out for this or have the attributes for that. But one can now give some indications about the opportunities which may arise over the next ten years or so, by studying the information contained in the Platt Report* and keeping an eye on the articles which have appeared from time to time in *The Lancet* on the supply and emigration of doctors. Do not despair, though, because nobody suggests that emigration is the only prospect, indeed, very much the reverse, as you will see below.

The best place to start thinking about this is to state exactly where you stand with respect to your contemporaries. As a rule, Guy's Hospital Medical School accepts about 100 new medical students each year and almost the same number eventually qualify. But more important in the long run is the national situation and this is where the information gathered by Sir Robert Platt's Committee can help you see yourself in relation to the country as a whole. Each year since 1955, and going on until at least 1964, about 1,300 men and 400 women, graduate in medicine in Great Britain, together with some 100-200 graduates from overseas. Almost all get house jobs in the Health Service, and the Platt Committee estimate that about one-third of all medical graduates stay in the Health Service house jobs for less than 2 years, that another third stay for less than 3 years (*i.e.*, 2-3 years) and that the remaining third stay in Hospital posts for over 3 years. However, all is not well with the Hospital service. About 10 per cent. of the junior house appointments at any time are vacant. Much more interesting is the finding which arose from the enquiries about the staffing of peripheral hospitals. Roughly speaking, the further one gets from the big teaching centres, the more dependant the Regional Hospitals become on foreign graduates to keep going. The percentages of the total junior hospital staffs held by foreign graduates in the various Regions of the Health

* "*Medical Staffing Structure in the Hospital Service.*" H.M.S.O, 1961.

Service may surprise you—they range from 51% (fifty-one !) in the Newcastle Region, to 37% in Metropolitan Regions and Wales and 11% in the Eastern Region of Scotland. Interestingly enough, a similar situation, of hospitals depending upon foreign graduates, exists in the United States and Western Germany: the countries with the highest standards of living have most posts and attract most foreigners.

Clearly, steps will have to be taken over the next few years to guard against the possibility that the Health Service becomes seriously embarrassed by, say, the sudden return of foreign graduates to their own countries, or even a curb on the supplies of foreign graduates by nationalist governments who may demand their early return to their own countries, instead of letting them stay on over here. All medical students, British or foreign, can, therefore, look forward to being encouraged to stay in house jobs longer and the Platt Committee suggest that all graduates should be persuaded, rather than compelled, to spend at least two years in them.

How will this be achieved ? First, the idea that it is a disadvantage to spend so long in hospital before seeking entry into general practice will have to be dispelled. Some general practitioners say they don't want such men as assistants because they get too specialized and dependant on the ancillary hospital services—like central sterile supply or nurses giving injections—with the result that they cannot do things for themselves. The Chairmen of the Medical Practices Committees do not accept this view, providing house jobs are flexible. Flexible may mean that the appointments will rotate between two or more specialities.

But more important, I think, will be the development of specific incentives to encourage people to stay longer in junior posts. When these problems were discussed at a recent gathering of doctors, the suggestion arose that the Ministry and Hospital Management Committees would have to give urgent attention to living conditions for Housemen, and to married quarters in particular, if they wanted house staff in peripheral hospitals. Equally, I believe, the Regional hospitals will be well advised to develop affiliations with their teaching hospitals. Years ago, when I tried to recruit medical research workers for the Army Operational Research Group at Byfleet in Surrey, young men interviewed were obviously afraid that a posting to the jobs would cut them off from laboratories in the teaching hospitals.

This fear was eventually solved by encouraging affiliations with workers in London. Likewise the peripheral hospitals are more likely to hold junior staff who feel that the umbrella of some medical school is overhead, to assist and guide them. And the universities might do this to some purpose because it is apparent, looking at the figures, that the proportion of these housemen who may have to proceed to specialization and consultant practice is really much higher than most people realize. How many medical students today appreciate that 1 in 5-6 of them may go on to become a senior registrar and only a slightly smaller fraction will be obtaining consultant status ?

One can derive this ratio as follows. Senior Registrar appoint-

ments are to be considered as 4 year training courses. To prevent useless wastage, the Ministry will permit these posts to be established in rough relationship to the number of consultant posts which will be vacant in 4-5 years. In other words they will be geared to the number of consultants who are going to retire. Looking at the age structure of consultants, we find that after 1965, consultants will be coming up to retirement age, not at the present rate of 120-150, but at 200-250 or more per year. In addition there must be a number, one hopes small, who may retire through ill health before 65 years of age, together with the extra new consultant posts which are likely to be created in the Health Service to meet the additional needs. It must be remembered that the number of patients admitted to hospital under the Service, at first about 3,200,000 per year, has risen to 4 million. Since 1950, up to 250 extra consultant posts have been created each year to meet the extra work of the total of 7,000-8,000 consultants.

All these factors mean that about 300, perhaps 400, senior registrarships may become available each year from 1965 onwards. Who will be competing for these posts ? Of over 1,700 British graduates each year, a proportion have been in the habit of emigrating to Canada, to Australia and other countries. It has proved surprisingly difficult to get reliable information about emigration numbers. The Willink Committee assessed the emigration rate for doctors at under 200 men per year, but a recent study* shows that the loss of doctors to Canada alone is 220 per year—that is equivalent to the output of two complete medical schools ! One may assume that the figure quoted must contain a fair proportion of younger men and that, unless emigration is halted, the 300-400 senior registrarships will be distributed between 1,500-1,600 graduates actively engaged in medicine. This figure neglects, ungallantly, the possibilities that the careers of the 400 ladies graduating each year may be interrupted by marriage and rearing families. All in all, therefore, one cannot help feeling that the posts will be shared by fewer than 1,500 persons. Thus my contention that one medical student in 5-6 will have the opportunity of training for a consultant job. How many will fail at the end of their senior registrarships ? The report suggests 1 in 20, but you will find below that these men and women are catered for, too.

What specialities need recruits ? The Report indicated the position which exists today and lists the immediate need for senior registrarships in mental health, radiology and anaesthenia. On the other hand, there is at present an excess of trained men over consultant opportunities in certain other fields. This is most acute, though numerically small, in thoracic surgery, but it applies also to general medicine, surgery and obstetrics and gynaecology. These vacuums and pressures will not remain static and by the time present medical students are rising towards 35, the age at which consultants tend to be chosen, many posts in general medical and surgical fields will become available, whereas the other specialties named may be filled with relatively young and durable men.

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* Davison, R. H. *The Lancet*, 1961, 1107.

One of the most debatable points in the report is the proposal that the Hospital Services require a new type of medical worker to meet the clinical load. The Platt Committee recommend that there should be a new grade in the Health Service called Medical Assistant. It is envisaged that the Medical Assistants in Medicine, or Surgery, etc., will be either general practitioners living near the hospital or senior registrars, who will be given permanant part-time hospital appointments, being free to do general practice the rest of their time. This proposal is now the centre of many discussions and it remains to be seen whether it will materialize. It may be the only solution for the needs of peripheral hospitals; it is certainly a welcome step towards ensuring integration between hospitals and general practitioners.

So, glancing forward, while you may not know exactly what you are going to do after you have qualified, it certainly looks as though all the young men and women bending over books, benches or beds in our medical schools today will have busy careers, and a high proportion of them have consultant responsibilities lying ahead.

The Nurses' Prize Giving

The Nurses' Prize Giving was held on Thursday, 14th September, in the Physiology Theatre, which had kindly been lent by Professor Spurrell.

Lord Cunliffe gave an address of welcome, after which the Matron reported on the events of the past year. Sister Marion gave the report of the School of Nursing and Sister Walker gave a most interesting account of the work of both Sisters and Nurses on night duty. Following the report on the Evelina Children's Hospital by Miss McCarthy the prizes were presented by Sir Owen Morshead.

Sir Owen Morshead then gave a delightful address. He told the story of the old stone mason carving a unicorn and explaining to the watching child that the unicorn had been there in the stone for hundreds of years and all one had to do was to cut away the stone to release it. Sir Owen asked us to consider what potential might be lying dormant in nurses if only it could be freed for use. He suggested that nurses should be aware of current staff shortages throughout the country and not refuse responsibility because they felt they were not equal to it. He reminded us that nursing was a vocation and how sad it would be if the modern nurse was lacking in ambition to serve.

A vote of thanks was proposed by Nurse Anne Pugh and Nurse Clare Lee presented Sir Owen with a copy of "Mr. Guy's Hospital". The ceremony was followed by tea in the Nurses' Home after which prize winners were able to escort their friends and relations round the hospital. Much interest was shown in the new building.

Medicos Look At . . .

There is nothing new about playwrights choosing historical figures as the central theme for their plays (Shakespeare and the Elizabethans did this) and almost all our modern dramatists have become interested in famous men whose lives may act as a vehicle for their ideas on and opinions of modern life. The writers of our day have some advantages over previous writers in that to some extent medicine and psychology enable them to see more clearly why men behaved in the way in which they did, although it is also obvious that certain basic problems of individual and social behaviour have not changed very much during the past two thousand years. It may be recalled that a previous article discussed *A Man for All Seasons* by Robert Bolt, a play about Sir Thomas More, and *The Life of Galileo* by Bertolt Brecht. The former concentrated on the struggle between principle and expediency and the latter on the betrayal of the people by Galileo when he recanted. *The Devils* by John Whiting, commissioned and presented by the Royal Shakespeare Theatre at the Aldwych during their first enormously successful season, is a study of the character of a lecherous priest who is accused by a group of hysterical, sex-repressed nuns of persuading them to take part in diabolical activities. Although both the lay and spiritual powers are criticised, the priest himself, especially in his relationships with the women he has to meet in the course of his religious duties, is an equivocal character who only gains our sympathies at the end because of his martydom. The result is that the play is an account of a single historical incident rather than an analysis of a situation of universal validity.

There are, however, two plays now running in London which are probably the best that their authors have written. Jean Anouilh's *Becket* at the Aldwych presented by the Royal Shakespeare Theatre deals with the characters of Thomas Becket and King Henry II of England and the relationship between them. Considerable historical accuracy is sacrificed in order to concentrate on the two main protagonists and although the king is the extrovert throughout the play, in many ways the study of his character is the more subtle. This may explain why Laurence Olivier took over the part of the king when Anthony Quinn departed for Hollywood. Becket, although willing to sacrifice his honour in many situations in the early part of the play, always indicated that he does so reluctantly. During this part of their relationship his nationalism is frequently emphasised, especially in his soliloquy over the sleeping king. Subsequently he is appointed Archbishop of Canterbury and he suddenly finds himself free of the necessity to serve the king in every situation. He now serves God and where there is a division of allegiance he says that God comes first. The result is his murder in the cathedral.

Henry on the other hand is presented as a course, rough man who depends on the intellectual ability of Becket and his faculty for solving the king's problems. Henry however does things instinctively and can only think in terms of gratifying his own wishes in every way.

Power, lust, eating and drinking are all-important to him and emotionally he has no ties, except to Becket. (There is a suggestion here of a homosexual relationship.) His mother, wife and children mean nothing to him, the Church has to function in order to support him, women satisfy his physical passions and his Barons are expected to obey him. The king does not really understand what Becket means to him and it is lack of recognition of this which produces confusion and the various changes in his behaviour. There is, however, no real struggle within him and making decisions is easy because he blindly knows what he wants. This is something which frequently gives people power and the sacrifice of the one person he loves presents no problem.

Christopher Plummer as the king brings out both his grossness and emotional immaturity. His outbursts of anger, his demands, his cheerfulness when these are satisfied, his temporary penance, even his satisfaction that Becket, the thorn in his side, is dead are all brought home to the audience. The part of Becket is played by Eric Porter who shows his anxiety about his giving way to the king early on and then brings out his essential seriousness of outlook and purpose. The production by Peter Hall manages to cope with the problem of ten scenes in the first act and eleven in the second (according to the New York presentation) although much of what looks original is found in the Broadway version. Perhaps the echoing voice in the cathedral and loudly beating heart are gimmicks but only the author can be blamed for some unwarranted facetiousness in some of the scenes, *e.g.*, the discussion between the pope and the cardinal.

It may turn out that John Osborne's play *Luther* now at the Royal Court Theatre, first presented in Paris, soon to go to Edinburgh for the festival and due to return to the West End in London, will be best known as a vehicle for Albert Finney rather than as an outstanding study of Martin Luther. Finney seems to be made for this part. His build, his face, and his voice all seem to express what Luther probably looked like and how he talked, and Luther's sincerity, doubts, enthusiasm for a cause, resignation at his final compromise and physical ailments (epilepsy and constipation) are the sort of things which one would expect Finney to convey to an audience. Even if his voice in his monologues as a preacher sounds like Olivier's, the performance is Finney's and is not an imitation of something else.

Osborne does not present Luther as a character who is all of a piece. Luther is frequently racked by doubts although within certain limits he knew what he wanted. He wanted to serve God but that was not enough. He wanted to know *how* to serve God. He tried to become a monk but that was not enough and when he saw the corruption of the Church he knew he had to do something about it. When he had succeeded in his attack on indulgences he refused to accept the consequences of what he had done and even sided with the Princes and Lords against the peasants who had been his supporters. He ended his days happily married. Perhaps all this fits in with Osborne's "Angry Young Man" who has grown a little older. He still must be angry about something (the Church) and having to some extent changed it he can then sit back contentedly, even if the change he has wrought has consequences which he cannot and should not ignore.

This play is full of rich passages of invective, ably delivered by Finney, and also of simple prose (the description of Abraham's unfulfilled sacrifice of Isaac). The knight's description of what was felt by the people listening to Luther preaching is memorable, as was the scene between Luther and his down-to-earth father played with the right amount of vehement vulgarity and sentimentality by Bill Owen. Perhaps the opening scene is too long although Tony Richardson, the director, may have wanted to create the atmosphere of the powerful influence of the Church at that time. For the rest he relies mainly on the acting and the dialogue to give the audience the feeling that they are watching how one man with all his faults had such an enormous influence on history.

SYMPOSIUM ON TELEVISION IN THE MEDICAL SCHOOL

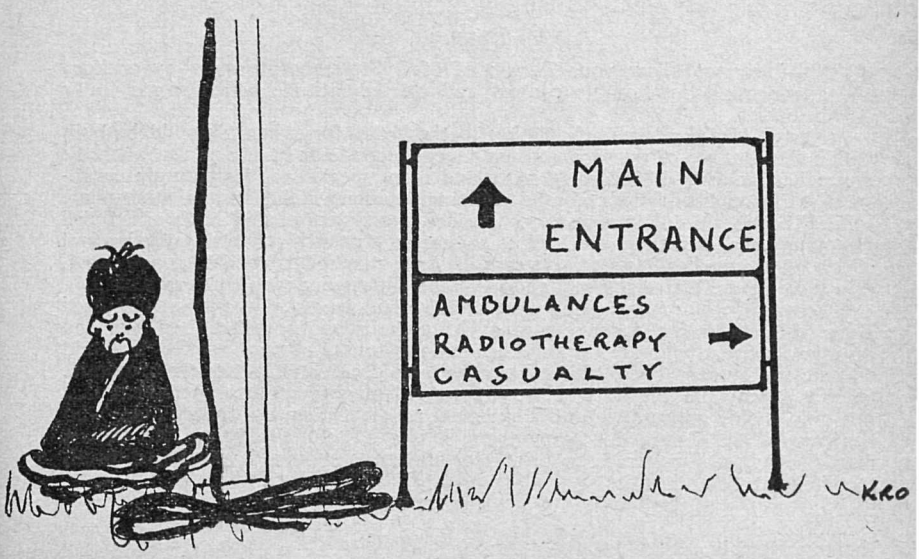
During May of this year the Medical Committee of the Scientific Film Association arranged an interesting programme for a symposium on medical uses of television, applications and techniques, which was sponsored by the Association for the Study of Medical Education. This may seem an unduly late report on this symposium, but its activities should not go unrecorded in this journal, if only because the participation of individuals from this centre was outstanding. Not only were Dr. Ronald Mac Keith and Dr. E. R. Boland chairmen, but the former was co-organizer with Mr. Charles Engel. Also, contributions to the programme were made by Mr. Engel, Drs. D. Stafford-Clark and B. L. Mallett, and Professor Roger Warwick.

The two-day meeting had an international flavour. Dr. W. Heiss, of the University Surgical Clinic, Munich, spoke of usage in operating theatres, and a strong American team added much to the proceedings. Dr. David S. Ruhe, Professor of Preventive Medicine, University of Kansas Medical School (in which he also directs the Department of Audio-Visual Education), has had long experience of television use in medical instruction, and he placed this most generously before us. In this he was ably supported by Commander Edward W. Bird of the National Naval Medical Centre, Bethesda, and Dr. Murray C. Brown, of the U.S. Public Health Service, also in Bethesda. All three of these workers have been actively using television methods for a number of years, and their opinions were, therefore, of the greatest value. The most interesting of these was their unanimous view that so far colour television apparatus is too complex for general use. Mr. V. J. Cooper of Marconi Wireless Telegraph Company countered this with an account of his firm's most recent apparatus. Unfortunately the only apparatus available for demonstration was a black-and- white closed circuit chain. This was used by Professor Warwick to show its potentialities in teaching gross anatomy and by Dr. Robert Barer, of the University Department of Anatomy, Oxford, in its application to microscopy.

Dr. E. P. G. H. du Boulay, St. Bartholomew's Hospital, gave an account of the Marconi image intensifier in radiological practice; and Mr. John Bunyan spoke of the cytological applications of ultra-violet colour translation microscopy. An interesting research application of television in the study of eye movements was shown by Mr. B. Shackel of E.M.I. Electronics. Endoscopy by television methods was considered by Dr. Brian Stanford and Dr. Murray E. Brown.

The meeting was held at the London Hospital Medical College, whose excellent hospitality was much appreciated. The Association for the Study of Medical Education is to be congratulated upon sponsoring such a valuable convention of workers interested and experienced in the potentialities of television methods in medical teaching. The audience included many observers, and discussion was lively and uninhibited. So little has yet been tried in this country, however, that such discussion can only be properly considered as a prelude to action. The varying views expressed, whether enthusiastically "for", stubbornly "against", or just "don't know", cannot be further evaluated without actual practical trials. Until manufacturers, possible sponsoring bodies and potential users evolve active field experiments together it is to be doubted whether further discussion has much value.

R.W.



CORRESPONDENCE

Letters to the Editor of the Gazette

The Dental Ball

SIR,—Further to the previous letter referring to the Dental Ball by Mr. N. B. Bown (*G.H.G.* 9-8-61), the Ball is to be held in the Napoleon Suite of the Cafe Royal, on Friday, 24th November, 1961.

It will be noticed that application forms for tickets are accompanying postal editions of the *Gazette* excepting those due overseas. Please address all applications to the Hon. Ball Secretary, c/o The Dental School.

Yours etc.,

M. H. FANNER,
Hon. Ball Secretary.

Dental Department,
Guy s Hospital, S.E.1.

Miss Coombe

SIR,—Miss Coombe, the Superintendent Health Visitor of Salomon's Centre at Guy's, retires on 31st October, 1961. She has helped so many families in Southwark and Bermondsey, so many nurses, midwives and health visitors; so many medical students, housemen, consultants to do their work with better understanding and skill that she has a multitude of affectionate friends.

We think that many will wish to join in good wishes for her future by giving her a material token of their affection for her.

Messages and donations towards this object may be sent to R. C. Mac Keith, Guy's Hospital, S.E.1. We hope to arrange an opportunity for meeting Miss Coombe towards the end of October. This will be announced in the next number of the *Gazette*.

Yours etc.,

G. F. GIBBERD
H. St. H. VERTUE
R. C. MAC KEITH.

Guy's Hospital, S.E.1.

Passim

SIR,—I cannot allow your *Passim* of 23rd September to pass by without commenting both on its content and on the attitude which seems to lie behind it.

Firstly, Sir, your recommendation that a hostel for students should be built within the confines of the Hospital has much to condemn it. In an age when the medical community is becoming more and more specialised, increasingly introspective, it would surely be a mistake to entangle students in the Hospital atmosphere sooner than is absolutely necessary. Besides, the system of digs has worked well for many years and there seems little to suggest that it has had any detrimental effects on the medical student's education. As for the 'university life', as you call it, it is there at the University of London Union for anyone who cares to seek it.

Secondly, your *Passim*, and that of the previous issue when you discussed Research facilities for students, carries with it the implication that the senior and distinguished men who are responsible for the planning of the New Guy's should consult the student body before reaching any decision affecting their welfare. Since it is probable that no one else will do so I must speak frankly and say that not only is this impossible from a practical point of view but that, as one who has enjoyed the *Gazette* for many years, it is distasteful for me to find that a magazine whose function is to print Hospital news should devote its editorials to sniping at the authorities.

Yours etc.,

D. B. JAMES.

Shalling, Norfolk.

SIR,—I should like to thank all the people at Guy's who have made my past year's stay at the Hospital such a pleasant one.

Yours etc.,

GEORGE A. RONNING.

Physiological Laboratory,
Guy's Hospital, S.E.1.

SIR,—It is always a pleasure to meet contemporaries from "The Old Hospital" and this seems to happen with delightful regularity where Guy's is concerned.

When I was sent to Kuwait in July as Medical Officer to a regiment of the Royal Artillery I hardly expected to meet any of my old associates.

However, Barry Kempton had already moved in with the 24th Field Ambulance from Kenya and was busy coping with the heat exhaustion problem.

A chance meeting in the desert brought me face-to-face with Alec Harker, who is M.O. to the 3rd Dragoon Guards. He had just flown out from England to join his regiment and on the day we met the temperature in the sun was 170° F.

At the local Hospital which had been admitting British troops we discovered Miss Margaret A. Clifford and Miss Pat Hampson in the Department of Radiography, and in charge of the Physiotherapy Department was Miss Margaret Broad, who until recently was on the staff at New Cross Hospital.

In a country which has a total population of 320,000 we felt that Guy's was well and truly represented and that this might be of some interest to readers of the *Gazette*.

Yours etc.,

J. S. G. HAYES,

29th Field Regt. R.A., B.F.P.O. 616. *Captain, R.A.M.C.*

REVIEWS

Vertebrate Biochemistry in Preparation for Medicine. By M. W. NEIL. Pitman Medical Publishing Co., Ltd., London. Pp. xii+360, with 70 figures and 1 Plate. *Price* 40*s.*

This book is primarily intended as a textbook of biochemistry for preclinical medical students. If the size of such a book is to be kept in bounds the author is faced with the problem of selecting from a wealth of information in a continually expanding subject. Dr. Neil recognises this difficulty when he asserts that it is the duty of teachers to moderate their demands and discriminate carefully in their choice of material for study. To this end the author has decided to restrict his discussion to vitamins, hormones, nutrition and electrolyte balance. However, these topics include much fundamental biochemistry and since their obvious relevance to medicine serves to stimulate most students' interest in the subject, it seems a pity that more space could not have been allocated to them. Apart from this stricture it must be acknowledged that material has been carefully chosen and on the whole the special requirements of the preclinical students are met.

The book is well produced and written in a generally attractive style. There are many diagrams although some contain too much information (*e.g.* fig. 12.4 and 20.2) and small type is often employed for chemical formulae with consequent loss of clarity. The best features of *Vertebrate Biochemistry* are those chapters devoted to intermediary metabolism including one chapter entitled 'Metabolic interrelations'. A few errors have escaped correction. For example, the formula of phosphoenol pyruvic acid (p. 168) is incorrect and will certainly lead to confusion as to the nature of the high energy compounds.

The book is moderately priced and preclinical students will find it a useful addition to their library.

A.N.D.

Symptoms and Signs in Clinical Medicine. By E. NOBLE CHAMBERLAIN. John Wright & Sons Ltd., Bristol. 7th edition. *Price* 45*s.*

I cannot praise this book too highly and would recommend it to all especially to those who find Medicine discouraging in its enormity. Your attitude to textbooks is most probably like mine; necessary evils which can only be consulted when the mind's reception is at its best, but this Chamberlain is the sort of book you dream about—well set out with concise information very well illustrated (383), good print, not too long (530 pages) and not too expensive.

In the four years since the last edition, considerable wise revision has taken place and those who know the 6th edition will find it hard to believe that he has improved it by a good 20 per cent.

Changes include: a much clearer chapter on the nervous system, excellent new heart disease diagrams. X-rays printed as we see them in the wards, a historical appetiser for chapter one with brief historical asides to enliven the text.

Let me prevail upon you to at least glance through this book lest it be said of thee :

"There will little learning die then, that day thou art hanged."

M.C.

Textbook of Physiology. By TUTTLE and SCHOTTELIUS. Henry Kimpton in Freat Britain for the C. V. Mosby Company. 547 pp. 313 illustrations. 5 plates. 14th edition. *Price* 52*s.* 6*d.*

Compared to the textbooks of physiology commonly used in this country this is small and thus relatively expensive. It has in general a simple and straightforward approach to the subject in a logical and well presented form. The extent of its treatment is not really sufficient for the preclinical examination but the interesting approach and its brevity may make it suitable for introductory and revision purposes.

The book begins with a general introduction and then moves on to simple histological and physico-chemical considerations. The section on neurones well illustrates the confusion which sometimes arises between English and American terminology by mixing the terms neurilemma and Schwann cell. There is also a notable omission of any mention of saltatory conduction. The book then goes on to treat circulatory, respiratory, digestive, biochemical, nervous and reproductive physiology.

There is a greater emphasis placed upon the cardiovascular and respiratory systems than on the nervous and endocrine systems in this book when compared to the physiology course at this hospital. The biochemistry section is scarcely adequate either for revision or introduction to the biochemistry course but it would serve as a useful link between the biochemistry and physiology courses. The section on hormones is also rather weak.

In my opinion, this book would be very useful as a revision book for students with a good average knowledge of physiology who required a short, interesting and all-embracing text to bring to the front of his consciousness 'coat pegs' from which to work just before the examination. The usefulness of this book as an introductory text is limited.

The Principles and Practice of Surgical Nursing. By D. F. ELLISON NASH.

The requirements of a book such as this are that it should be:—

Comprehensive ;

Well compiled for easy reference ;

Contain adequate information, readily understandable to Student Nurses.

In all these essentials this book is admirable, added to which the illustrations are most informative.

Subjects vital for a Nurse to have in the forefront of her mind, *i.e.*, Asphyxia, Care of the Unconcious Patient, and Post Operative Complications are most adequately covered.

It is an asset to find chapters dealing with Radiotherapy, Radiology, etc., so well dealt with, for the average nurse has only limited practical experience of such subjects.

Since cardiac surgery is becoming more universal it seems inadequate that such a cursory few paragraphs should dismiss this developing subject, but nevertheless, this book should be both beneficial and useful for the Student Nurse, as a reliable basic book of reference.

H.Y.

Principles of Medical Statistics. By A. BRADFORD HILL. 7th edition. Pp. 367. Publishers *The Lancet*, 1961.

In the year of his knighthood and of his retirement from the Chair of Medical Statistics in the University of London, Sir Austin Bradford Hill has produced the seventh edition of his justly famous book. The text first appeared as a series of articles, written at the request of the editor of *The Lancet* in 1936 and its subsequent success has been such that not only did *The Lancet* take the unusual step of publishing it in book form, but it has been translated into Russian, Spanish and Korean.

The secret of this success has been fourfold. First the book is absolutely clear in expression and style; second it is aimed at those to whom algebraic hieroglyphs are an anathema, and it hits its target because there are scarcely half a dozen such formulae in the entire book; third all the techniques and methods are presented in such a way that calculations can be made without a calculating machine, and finally it was first written in the knowledge that it would be needed, and it has been constantly modified to meet that need.

The present edition probably incorporates more radical changes than any of its predecessors. The most important of these is a new chapter which describes the *t* test for assessing the significance of the difference between two means. (This test was devised in Dublin for evaluating the quality of Guinness Stout, so what are we to make of it when the author—a sassenach—illustrates his argument with and example concerning the height of Scot*ch*men !).

Another valuable innovation is a chapter on the proper conduct of clinical trials, a subject about which many of those who publicly proclaim the value of new drugs are shamefully ignorant. Here, in addition to stressing the basic importance of genuine "toss of the coin" randomisation, such difficult topics as the ethics of clinical trials and "The Patient as his own Control" are dealt with.

This book can be recommended without hesitation. For those who know nothing of the subject it is sufficiently readable to be used as an introduction and followed chapter by chapter; the inclusion of exercises and their solutions provide a means for the student to satisfy himself of his progress and understanding. Others who know something of the subject will find that each chapter also stands by itself, and so the book can be used for reference. A word of warning, however; statistics is no easy master—as 34 pages on "Fallacies and Difficulties" show—and despite the value of this or any other text, all but the most experienced would be very unwise not to consult a qualified statistician before each experiment, trial or survey to make sure the design is sensible and again afterwards to ascertain that the analysis is appropriate.

R.M.A.

We are pleased to acknowledge receipt of the following from Pan Books, Ltd. :

GEORGIA BOY—CALDWELL.
THE PAN QUIZ BOOK—PHILLIPS.
QUEEN'S BUREAU OF INVESTIGATION—QUEEN.
HUNTER'S TRACKS—HUNTER.
SOVIET SPY RING—TIETJEN.
MY WICKED, WICKED WAYS—FLYNN.
WARLOCK—HALL.
A TOWN LIKE ALICE—SHUTE.

HOSPITAL INFORMATION

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1ST DECEMBER, 1961

Applications are invited for the following House Appointments at Guy's Hospital due to begin on 1st December, 1961, applications giving choice of post and choice of hospital, in order of preference to be lodged in the Superintendent's Office not later than **Friday, 20th October, 1961.**

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 1
1 *Post-Registration* (*To commence* 1.1.62)

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1
(Three months at Guy's Hospital followed by 3 months at New Cross Hospital).

Children's House Physician (*Pre-Registration*) 1
(Second 6 months candidate only).

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Genito-Urinary House Surgeon (*Pre-Registration*) 1
(Second six months candidate only).

House Surgeon to the Thoracic Unit 1
(*Pre- or Post-Registration*)

Resident Anaesthetists 2
1 *Post-Registration* (*Guy's*)
(1 S.H.O. New Cross)

R.M.Os. Nuffield House 2
(1 to commence 1.12.61)
(1 to commence 1. 1.62)

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

BECKENHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL

House Physician (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL

House Surgeon (with Orthopaedics) *Pre-Registration*) 1

NEW CROSS HOSPITAL

House Surgeon (General Duties) 1
(*Pre-Registration*)

ORPINGTON HOSPITAL

House Surgeon (with Ophthalmology) *Pre-Registration*) 1

House Surgeon (with Gynaecology) *Pre-Registration* 1

PEMBURY HOSPITAL

House Surgeon (General Duties) *Pre-Registration* 1

House Surgeon (with Orthopaedics) *Pre-Registration*) 1

House Physician (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon (*Pre-Registration*) 1
House Physician (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL

House Surgeons (*Pre-Registration*) .. 2

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognised posts are available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

GUY'S HOSPITAL
JUNIOR STAFF APPOINTMENTS

The following appointments and re-appointments have been made by the Board of Governors for the period commencing 1st October, 1961.

WHOLE-TIME APPOINTMENTS

MEDICAL

Medical Registrars
Dr. D. A. F. McGill (Guy's)
Dr. M. H. Lessof (Guy's)
Dr. R. K. Knight (Guy's)
Dr. D. A. Lillicrap (Guy's)
Miss A. T. Piesowicz (Guy's)

Junior Medical Registrars
Dr. R. B. Huddy (Guy's)
Dr. E. K. M. Smith (Guy's)
Miss J. Warner (Guy's)

Surgical Registrars
Mr. A. W. R. Williamson (Guy's)
Mr. J. C. Gazet (Guy's)
Mr. P. S. Boulter (Guy's)
Mr. J. N. Gibson (St. Mary's)
Mr. J. D. Maynard (Charing Cross)

Registrars in Throat and Ear Department
Mr. C. A. Holborow (Middlesex)
Miss D. Birch (University of Cape Town)

Obstetric Registrars
Mr. A. S. F. Butcher (Guy's)
Mr. G. L. S. Rankin (Guy's)
Mr. E. P. W. Tatford (Guy's)

Registrars in the Department of Clinical Pathology
Dr. R. D. S. Barnes (Guy's)
Dr. J. J. Rippey (Charing Cross)
Dr. W. A. G. Roper (Guy's)
Dr. P. D. Griffiths (Guy's)
Dr. D. N. Whitmore (Guy's)
Dr. D. I. K. Evans (St. Thomas's)

Registrar in Haematology
Dr. D. S. Carmichael (Guy's)

Registrars in the Orthopaedic Department
Mr. W. A. Crabbe (Durham)
Mr. F. J. Moynihan (U.C.H.)
Mr. D. W. M. Haw (Leeds)

Registrars in the Department of Physical Medicine
Dr. G. Holden (Guy's)
Dr. P. J. C. Barry (Univ. Dublin)

Registrars in the Department of Psychological Medicine
Dr. C. P. B. Brook (Guy's)
Dr. K. Loucas (Cardiff)
Dr. N. J. Yorkston (Univ. Sydney)
Dr. R. Paul (King's College Hospital)
Dr. I. G. Christie (Guy's)

Registrars in the Department of Anaesthetics
Dr. C. Bishop (Guy's)
Dr. W. M. Potts (Guy's)
Dr. B. R. P. Murray (Guy's)
Dr. S. R. William (Guy's)
Dr. D. S. Robertson (Guy's)
Dr. R. R. Watkin (Guy's)

Registrars in the Department of Dermatology
Dr. A. Bowyer (Guy's)
Miss M. Chadwick (Univ. of Manchester)

Registrars in the Diagnostic X-ray Department
Dr. A. G. Giddins (St. George's)
Dr. J. A. K. Meikle (Edinburgh)
Dr. F. L. Cole (St. Mary's)
Dr. E. J. Roebuck (Charing Cross)
Dr. J. O. Taubman (Edinburgh)

Registrar in the Genito-Urinary Department
Mr. F. G. Ellis (Guy's)

Registrars in the Department of Neurology
Dr. F. G. Campbell (St. Bartholomew's)
Dr. W. R. Morris (Univ. of Otago, N.Z.)

Registrars in the Paediatric Department
Dr. P. F. Benson (St. Thomas's)
Dr. G. N. B. Storey (Sydney)

Registrars in Thoracic Surgery
Mr. D. W. Atkinson (Guy's)
Mr. A. G. Norman (St. Thomas's)

Registrars in the Radiotherapy Department
Dr. P. F. Wale (St. George's)

Registrar in Ophthalmology
Mr. R. F. Taylor (Sydney)

PART-TIME APPOINTMENTS

Registrars in the Ophthalmic Department
Mr. P. H. N. Matthews (St. Mary's)
Mr. H. P. B. Whitty (King's College Hospital)
Miss A. M. S. Connell (Birmingham)

Clinical Assistants in the V.D. Department
Dr. I. S. Moss (Guy's)
Dr. E. de C. Kite (Charing Cross)

DENTAL

Assistant to the Visiting Dental Surgeons
Mr. E. Mc K. Sycamore
Mr. J. N. James

Registrars in Minor Oral Surgery
Mr. D. O. Brock
Mr. G. F. Thompson

Registrars in the Casualty Department
Mr. B. A. Foster
Mr. M. A. Gillon

Registrars in the Department of Preventive Dentistry
Mr. J. O. Forrest
Mr. J. Metcalf
Mr. D. G. Stone
Mr. C. W. V. Bullock

Dental Officer to Salomons Centre
Mr. E. E. Silcock

Staff Dental Officer
Mr. D. R. Whittington

Registrars in the Dental Department for Children
Mr. P. M. Benzies
Mr. G. A. Kerr

Orthodontic Assistants
Mr. D. M. Carpenter
Mr. J. J. Hall

Registrars in Department of Dental Prosthetics
Mr. P. B. Morris
Mr. R. M. Watson
Mr. H. C. Davis
Mr. B. B. Warren
Miss B. A. Jennings
Mr. A. J. Stewart

Registrar in the Dental X-ray Department
Miss B. A. Jennings

Registrars in the Department of Conservative Dental Surgery
Mr. P. Ayling
Mr. J. E. Cardwell
Mr. D. London
Mrs. P. Wilson
Mr. M. S. Hinton
Mr. R. B. Johns
Mr. G. Maggs
Mr. W. C. McLachlan
Mr. P. J. Stubblefield
Mr. I. A. Stuart
Mr. C. J. Lambert

GUY'S HOSPITAL

Allocation of Medical and Surgical Registrars 1961/62

To take effect as from 1st October, 1961.

Medical Registrars	
Dr. Boland and Dr. Houston	Dr. R. K. Knight
Dr. Mann and Dr. Kauntze	Miss A. T. Piesowicz
Dr. Hardwick and Dr. MacLean	Dr. D. A. F. McGill
Dr. Baker and Dr. Joiner	Dr. D. A. Lillicrap

Junior Medical Registrars

Dr. Boland and Dr. Houston	Dr. E. K. M. Smith
Dr. Mann and Dr. Kauntze	Dr. R. B. Huddy
Dr. Baker and Dr. Joiner	Miss J. Warner

Surgical Registrars

Mr. Massie and Mr. Blackburn	Mr. J. D. Maynard
Mr. Eckhoff and Mr. Glover	Mr. P. S. Boulter
Mr. Atkins and Mr. Lawrie	Mr. J. N. Gibson
Mr. Wass and Mr. Brain	Mr. A. W. R. Williamson

Medical Registrars and Junior Medical Registrars with Duties in Special Departments

Cardiac Clinics	
Dr. Baker	Dr. D. A. Lillicrap
	Miss J. Warner
Dr. Kauntze	Miss A. T. Piesowicz
Endocrine Clinic	Dr. R. B. Huddy
Chest Clinic	Dr. D. A. F. McGill
Asthma Clinic	Dr. R. K. Knight
	Dr. E. K. M. Smith
Diabetic Clinic	Dr. D. A. F. McGill
	Dr. R. K. Knight

ENTRY OF STUDENTS

OCTOBER, *1961*

MEDICAL SCHOOL

1st Year

Name	*School*
Baker, Rosemary A.	St. Mary's Hall, Brighton
Bannerman, N. M.	Marlborough College
Briggs, P. W.	St. Joseph's College
Brown, C. B.	King David High School, Johannesburg
Bucknall, R. C.	Frensham Heights, and Guildford Technical College
Carruthers, R. S.	Uppingham School
Ceesay, S.	Methodist Boys' High School, Bathurst and Bo Grnt. School, Sierra Leone
Davies, J. H. W.	Llandovery College
Davies, W. W.	Ystalyfera County Grammar
Davoodbhoy, S. C.	St. Peter's, Colombo, Ceylon
Domaingue, P. M. J.	Royal College, Mauritius
Edwards, P. R. H.	Douai School
Elias, E.	Ardwyn Grammar, *Aberystwyth*
Fazakerley, Christine D.	Dunottar School, Reigate
Green, A.	Glyn Grammar, Epsom
Harrison, T. A.	Stonyhurst College
Kingdon, A. J.	St. Brendan's College, Bristol
Kumar, A.	Passr Paiyang Secondary School, Singapore
Lockwood, M. J.	Westminster School
MacLean, J. N.	McGill University, Montreal
Orebiyi, E. A. O.	Norwood Technical College
Pearce, G. R. H.	Radley College
Phillips, D. C.	Rosemead, Littlehampton
Preece, M. A.	Ealing Grammar
Procter, A. J. McG.	Michaelhouse, South Africa
Radford, Rita C.	Sidcup County Grammar
Robins, D. S.	Marist Brs. College Jhb., Witwatersrand University
Sharp, H. C.	Charterhouse
Stewart, Patricia C.	Kirby Lodge, Cambridge
Sutton, Anthea C. D.	Girls' County High, Ilford
Williams, R. H.	City of London School

2nd Year

Name	*School*
Arch, Carolyn J.	City of Worcester Grammar School
Ashcroft, P. B.	Rugby School
Brown, T. S.	Bridlington Grammar School
Byer, L. D.	Gateway Boys' School, Leicester
Cressall, J. E. M.	Tonbridge, Kent
Cunningham, Mary. T.	St. Anne's College, Sanderstead
Dangerfield, J. M.	Westcliff High School, Essex
Davies, J. E.	Llandilo Grammar School
Din, S. F.	Punjab University
Dolton, J. H.	Chislehurst & Sidcup Grammar School
Dunn, K. N.	King Edward's School, Birmingham
Dussek, J. E.	St. Lawrence College, Kent
Ford, E. D.	*Charterhouse*
Gibbs, J. R.	Gillingham Grammar School
Gibson, T. J.	Cardiff High School
Guerrier, T. H.	Bryanston School
Hadoke, M. F.	Sebright School, Worcester
Hale, Helen	Hove County Grammar School
Hamilton, R. M.	Dulwich College
Hendrick, D. J.	Maidstone Grammar School
Hine, I. P.	Kent College, Canterbury
Joyce, M. R.	Oundle
Kermani, K.	Millfield School
Kirby, P. R.	Oundle
Kirby, R. N.	Dulwich College
Lansdowne, J. D.	Gowerton Grammar School
Leiberman, D. P.	Dulwich College
Mallah, I. N.	Jordanian Student, Paddington Technical College
McCall, S. O'D.	Downside School
MacLennan, T.	Epsom College
McNicoll, W. D.	The King's School, Canterbury
Masters, D. K.	Bishopshalt School, Middx.
Nicholson, J. A.	Queen's College, British Guiana, and Borlands College
O'Donnell, A. J.	Highgate School
Osborne, A. H.	Ampleforth and Acton *Technical College*
Pennington, R. C. G.	St. Ignatius College, N.15
Ramage, R. J. V.	St. Joseph's College, Ipswich
Ratcliffe, G. E.	The Grammar School, Maidstone
Rees, H. E. G.	Oundle
Richards, J. M.	Royal Hospital School
Roberts, I. F.	Chigwell School, Essex
Rushforth, G. F.	St. Alban's School
Snidvongs, W.	Epsom College
Sogbodjor, J. A.	Ghana & Queen Mary College
Soutar, C. A.	King's College, Wimbledon
Stanhope, A. L.	Mill Hill School
Taylor, G. A. W.	East Ham Grammar School
Valentine, B. H.	Taunton's School, Southampton
Ward, A. S.	Bishop Vesey G. S. Sutton Coldfield
Wardle, D. F. H.	Ampleforth College, York
Watson, C. J.	Bootham School, York
Whitfield, Diana J.	Lady Elleanor Holles School

Combined Course

Name	*School*
Lamb, C. E. M.	Repton. Guy's Hospital
Lamb, W. T.	The King's School, Canterbury. Guy's Hospital
Munro, A. D. C.	Fettes College, Edinburgh. Guy's Hospital

Clinical Students

Armstrong, H. A.	Marlborough College. Magdalene College, Cambridge
Bainbridge, D. W.	Sir Wm. Turner's School, Redcar. Clare College, Cambridge
Dilke, T. F. W.	Winchester. New College, Oxford
Evans, D. M.	Clifton College, Bristol Queen's College, Cambridge
Harris, T. J. B.	Dulwich College. St. John's College, Cambridge
Higgs, F. D.	Mill Hill School. Oxford
Keates, J. R. W.	The Leys School, Cambridge. Trinity College, Cambridge
Kitchener, P. A.	Brentwood School, Essex. Pembroke College, Cambridge
Knell, A. J.	Maidstone Grammar. Gonville and Caius' College, Cambridge
Padfield, C. J.	Abersychan Grammar. Jesus College, Cambridge
Sinclair, R. D.	Queen Elizabeth's School, Barnet. St. John's College, Cambridge
Pedoe, H. D. Tunstall	Dulwich College. King's College, Cambridge
Warren, C. P. W.	Sherborne School. Sidney Sussex College, Cambridge
Wastie, M. L.	Godalming County Grammar. Selwyn College, Cambridge

DENTAL SCHOOL

1st Year B.D.S. Students

Name	*School*
Baker, Anne S.	Stratford House School, Kent
Barnard, J. D. W.	St. Marylebone Grammar School, N.W.1
Bishop, B. M.	Colston's Boys' School, Bristol
Black, Elaine D.	Sutton High School
Costin, D. W.	Skinners' School, Kent
Cramp, R. A.	Lancing College
Eve, K. R.	Salesian College, Surrey
Flower, E. A.	Bristol Grammar School
Flower, N. H.	St. George's College, Surrey
Hawley, Jacqueline K.	Manchester High School, Oxford High School
Kidner, A. R.	Ampleforth College, Yorkshire
Kingsbury, J. G.	Epsom College
Malone, Barbara S.	St. Joseph's Convent Grammar School, S.E.2
Newlands, M. W. S.	Latymer Upper School
Preston, Alison J.	Seaham Girls' Grammar School
Screech, I. A.	Brighton College
Swiss, P. B.	Epsom College
Winning, C. W.	Bournemouth School

2nd Year B.D.S. Students

Name	*School*
Archer, R. H. G.	Framlingham College, Suffolk
Atkins, A. J.	Woodhouse Grammar School, N.12
Belcher, Elizabeth S.	Dunottar School, Surrey, and Ewell County Technical College
Blackwell, E. W.	Manchester Grammar School
Brooks, C. A.	Duke of York's School, Nairobi
Crawford, J. M.	Wycliffe College, Gloucestershire
Cutler, J.	Malvern College, Worcestershire
Davis, Cleone S.	Northwood College, Middlesex
Dubock, G. K.	Culford School, Suffolk
Durant, C.	Bedford Modern School
Edgar, D. A.	Bedford School
Edgar, J. A.	The Perse, Cambridge
Farnworth, F. N.	St. Joseph's College, Staffordshire
Francis, R. N.	Grove Park Grammar School, Denbighshire
Gaskell, Anne M.	Crewe County Grammar School
Gilliam, Brenda	Carlisle and County High School and Chester City High School
Hackel, Helen K.	Harrison Barrow Girls' Grammar School, Birmingham
Harborth, B. K. M.	Stamford School
Hawkes, A. J.	St. Larence College, Ramsgate and St. Bartholomew's Hospital Medical School
Hirst, A.	Chesterfield Grammar School
Hodge, M. G.	Bristol Grammar School
Holland, J. V.	Sevenoaks School
Johnson, R. D.	Eastbourne College
Kay, J.	Latymer Upper School
Loader, D. C. E.	The Harvey Grammar School, Folkestone
Mace, P. D.	Sherborne School, Dorset
Martin, T. J.	Tamar Secondary School, Plymouth and Devonport Technical College
Morgan, Dianne B.	The High School, Bromsgrove
Murdoch, R. F. A.	Allhallows School, Dorset
Negus, T. W.	Felsted School, Essex
Parry, Susan	Nottingham High School for Girls
Pearson, Margaret G.	Haberdashers' Aske's Acton School for Girls
Pepper, D. S.	Mathematical School, Rochester
Peter, J. B.	Dulwich College
Phillips, Mrs. Hazel I. B.	Howard Gardens High School, Cardiff and The Northern Polytechnic, N.7
Reid, Elizabeth G.	Chichester High School for Girls
Ringrose, R. J.	Ipswich School
Siegle, J. H.	King Edward's School, Birmingham
Skinner, C. J.	Wandsworth School, S.W.18
Sprawson, C. J.	King Edward VI Grammar School, Birmingham
Stephens, R. T.	Steyning Grammar School, Sussex

Name	*School*
Stevens, R. F.	Dulwich College
Storrs, T. J.	King Edward VI School, Staffordshire
Talbot, C. W.	Worcester Royal Grammar School
Telling, D. P.	Shene Grammar School, S.W.14
Torrance, R.	Nottingham High School
Wilton, J. M. A.	City of Norwich School
Winskill, A.	Birkenhead School, Cheshire
Worledge, P. J.	Lower School of John Lyon, Harrow

L.D.S. Students Entering in October, 1961

Collinson, P. F. G.	Stowe School and Guy's Hospital Dental School
Eade, P. R.	St. George's School, Kent

3rd Year L.D.S. Students Entering in October, 1961

Name	*School*
Harrison, C. W. H.	Bedford School and Cape Town University
Lay, K. M.	University of Rangoon
Renner, N. E. A.	Daniel Stewart's College, Edinburgh, and Edinburgh University Medical School

1 Year's Hospital Practice leading to the L.D.S.

Name	*School*
Sivagurunathan, P.	University of Ceylon

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St. George's Hospital Medical School: Mr. E. G. Slesinger, O.B.E., M.S.

Wright-Fleming Institute of St. Mary's Hospital Medical School: Professor G. Payling Wright, D.M., F.R.C.P.

Boards of Studies, 1961

Pharmacology: Mr. R. D. Emslie as the representative of the Board of Studies in Dentistry.

Examiners

Anatomy, B.Sc. (Special): Professor R. S. Warwick.

Physiology, B.Sc. (Special): Professor W. R. Spurrell.

Translation Tests, French: Professor W. R. Spurrell.

M.D.S. Examination. Part I.—Professor M. A. Rushton (Chairman).

Academic Postgraduate Certificate in Tropical Medicine and Hygiene: Dr. W. P. Stamm.

Second Examination in Dental Surgery, Anatomy (General): Professor R. S. Warwick.

Third (B.D.S.) Examination in Dental Surgery: Medicine: Dr. J. C. Houston (Chairman). Surgery: Mr. S. H. Wass (Chairman). Pharmacology and Therapeutics: Mr. R. D. Emslie. Dental Surgery (including Special Pathology): Professor W. E. Herbert. Orthodontics: Mr. W. J. Tully.

General First Examination for Medical Degrees: Biology: Professor G. E. H. Foxon (Chairman) Chemistry: Dr. F. H. Brain (Chairman). Physics: Professor G. Stead.

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First Examination
September, 1961

Anatomy

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Physiology

R. J. Siggers — T. H. Redpath

UNIVERSITY OF LONDON

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June, 1961

I. Dunn — T. L. S. Williams
K. J. McGlynn

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M. K. Anto	C. P. Malpass
E. S. Baird	D. B. Mathias
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T. L. Harrison	P. J. Rushmer
R. N. Hodivala	J. F. Searle
D. A. N. Johnson	J. R. C. Sharp
M. I. L. Joseph	D. C. Siggers
R. E. Knight	Isobel M. J. Stephen
K. Landon	T. D. P. Underwood
P. V. Lawrence	Theresa D. Wilkinson
J. P. Malcolm	Delia L. Winder

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
September, 1961

W. J. Drage	B. Penhall
Joanna M. Dumbrell	Margaret E. Protheroe
C. W. K. Hopkins	J. L. Storey
J. R. P. F. Liddiard	P. G. Sullivan
J. C. L. Margerison	D. B. Waters
R. W. T. Myall	

NURSING NEWS

PRIZES

The Governors' Prize

Examination in Pharmacology

1st Prize:

August 1960 —Nurse Caroline Kenyon
November 1960—Nurse Valerie Sweet
February 1961 —Nurse Glenys Summerell
April 1961 —Nurse Patricia Scotchman

2nd Prize:

November 1960—Nurse Brenda Hughes
February 1961 —Nurse Anna Collins
April 1961 —Nurse Joan Gittins
Nurse Rosemary Hepworth

The Keogh Prize

Examination in Surgery & Surgical Nursing

1*st Prize:*
September 1960—Nurse Molly Carpenter

2*nd Prize:*
September 1960 { Nurse Andrea Davies
Nurse Carole France

The Governors' Prize

Examination in Medicine & Medical Nursing

1*st Prize:*
November 1960—Nurse Patricia Dovey
March 1961 —Nurse Ruth Thompson
May 1961 —Nurse Shirley Robin

2*nd Prize:*
November 1960—Nurse Marion Gegg
March 1961 —Nurse Helen Hague
May 1961 —Nurse Molly Carpenter

The Governors' Prize

Examination in Special Subjects

1*st Prize:*
January 1961 —Nurse Marion Gegg
May 1961 —Nurse Molly Carpenter

2*nd Prize:*
January 1961 —Nurse Sally Watson
March 1961 { Nurse Valerie Jones
Nurse Eileen Portsmore
May 1961 —Nurse Caroline Kenyon

The Bernard Loftus Brown Prize

Guy's Final Examination

1*st Prize:*
October 1960 —Nurse Judith Britland
February 1961 { Nurse Patricia Burgess
Nurse Patricia Hampson
May 1961 —Nurse Frances Beevers
July 1961 —Nurse Clare Lee

The Morrison Prize

Guy's Final Examination

2*nd Prize*
October 1960 —Nurse Anne Pugh
February 1961 —Nurse Angela Beech
May 1961 —Nurse Erica Foster
July 1961 —Nurse Judith Obank

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL SCHOOL OF NURSING

Medical Committee Prizes

Special Diseases of Children

1*st Prize*
February 1961 —Nurse Doreen Wickendon

2*nd Prize*
February 1961 —Nurse Julia Smith

Medicine & Medical Nursing

1*st Prize*
February 1961 —Nurse Rosemary Hall

Surgery & Surgical Nursing

1*st Prize*
February 1961 —Nurse Christine Sillitoe

2*nd Prize*
February 1961 —Nurse Lorna Trevelyan

Hospital Final Examination

1*st Prize*
July 1961 —Nurse Lorna Trevelyan

The Jean Morton Prize —Nurse Anne Pugh

Butterworth Medals —Miss Edith Hodgson
—Miss Audrey Lewin
—Miss Joyce McNiven

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

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Dr. Clifford Harley, 35, Woodcote Valley Road, Purley, Surrey. (Tel. UPL 3330).

D. T. Haydn Lloyd, B.D.S., 18, Kyrle Street, Hereford. (Tel. 3037).

Dr. O. C. Legg, c/o Balolo Mission Yoseki, per Basamkusu, Equatorial Province, Congo.

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Sqn.-Ldr., D. J. Stoker, M.R.C.P., R.A.F. Hospital, Wroughton, Swindon, Wilts.

BIRTHS

ARMOUR.—On 13th September, 1961, at Pine Lodge, Woodhall Spa, Lincs., to Madeleine (née Fairchild, L.D.S.), and Sandy Armour, M.B., B.S., a son (Glenn Andrew), a brother for Kim Elizabeth.

BAILEY.—On 29th September, 1961, at the Masons Hill Hospital, Bromley, to Marguerite (née Josephs), and Walter J. Bailey, B.D.S., L.D.S., R.C.S., a daughter (Jessica Ann), a sister for Nigel, Isobel, Zoe and Rhoda.

BOYCE.—On 1st September, 1961, to Sheila Mary (née Udall), S.R.N., S.C.M., and Kenneth Malcolm Boyce, the gift of a daughter (Jane Elizabeth).

COPLEY.—On 13th September, 1961, at East Glamorgan Hospital Church Village, to Faith (née Mundy), S.R.N., and Brian Copley, M.B., B.S.—a son (Graham Lyndhurst).

FENELEY.—On 8th September, 1961, at the Bristol Maternity Hospital, to Patricia (née Groves), S.R.N., and Roger C. L. Feneley, M.B., B.Chir., a son (Mark).

HANKEY.—On 20th September, 1961, at Farnborough Hospital, Kent, to Anne (née Phillips), and Clifford Hankey, a daughter (Emma Victoria), a sister for Simon.

JEMSON.—On 28th August, 1961, in the Glenboro' Hospital, to John and Barbara Jemson, a son (Nigel), brother for James, Steven and Pavl.

MURRAY.—On 20th September, 1961, at Queen Charlotte's Hospital, to Jean (née Purvis), and Dr. Brian R. P. Murray, a son (Stuart Cameron).

ADOPTION

NEILL.—By Iris and Derrick Neill—a daughter (Caroline Alexandra), aged 7 months, a sister for James.

EDS. { R.A.S. / D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1911 21*st October* 1961 *One Shilling*

PASSIM

SO much has been written about hospital cross-infection during the last few years that we are hesitant about adding even a few words on the subject. However asepsis is almost a way of life and as such it has impressed itself deeply into the daily round of this hospital. As with road accidents so is cross-infection always among us, exacting its toll of health and life. To fight it one must overcome apathy and alter life-long habits. Long ago this Hospital was content to divide its patients into 'clean' ones and 'foul' ones and charge them different admission fees: now we label even our nurses 'clean' or 'dirty'. As one moves around Guy's today and sees the consultant surgeon going to re-scrub after lightly brushing against an unsterile trolley, or the student contorting himself to put on his white cotton trousers without removing his overshoes, one realises how widely the Hospital's conscience has been stirred. The achievement of our authorities in having roused so many different people from inertia to action is something of which we can all be proud.

The Medical School Council's recent decision to allow a three month visit to America to count as a special appointment must have been a welcome one to many students, both past and present.

Each summer brings us an influx of visitors from all over the States. The majority are medical students and it is their almost unanimous conclusion that three months in a British medical school is interesting, enjoyable and beneficial to them. There are many reasons why we in our turn are glad to have them with us. They give us a new orientation on many clinical problems and stimulate us to reconsider our conclusions. They dispel complacency with their descriptions of other methods of medical education and we are pleased to be able to print in this issue Mr. L. W. Hoyer's description of a medical clerkship at the University of Minnesota. The frankness and lack of ceremony which characterise consultants and students alike are helping to erase an attitude of mind which has haunted British medical centres for so long and has so often been held up to ridicule; when for example the Bishop of Barchester lay dying "Sir Lamda Mewnew and Sir Omicron Pie, the two great London doctors, now came down for the fifth time and declared, shaking their learned heads, that another week of life was impossible".

There are a number of schemes through which our medical students will be able to go to America. Our first representative is Mr. J. H. M. Axton who leaves next week to spend three months as the guest of the University of Illinois. His visit was arranged by their student body who have generously paid his fare. We hope that he will be the first of many and that the Americans will gain as much from our visits as we have gained from theirs.

Fleet Street produces some beautiful clangers which continue to amuse although they are intended to inform. The slang of the newsroom applied to the mergers and other capitalistic manoeuvres sometimes produces confusion through some misinterpretation or ambiguity. Thus, when we read in our *Evening News* the death-knell in the headlines "Jaguars buying Guy's" we got off our number seven bus and immediately retraced our steps to the Hospital, feeling the institution's plea for help in its hour of need. As we hurried back over London Bridge we pictured the urgent scene in the Park:

["Heard the news old boy ?"

"Yes, just got here in time."

"Alright, here's a machine gun—take Y platoon and go to the York Clinic. Guard the Borough High Street entrance and fight to the last man. They'll never get us."]

The tension then became too much; we broke into a run, fighting our way through the city men who just didn't seem to realise the death-struggle which was going on a few yards from London Bridge station.

We arrived at Front Lodge. All quiet. Too late—they must have taken over. Carburettors in *Addison*, chassis in *Barnabas*, spavin-grimbles in the Medical School Office.

It took them some time to persuade us that there is in fact another Guy's but they make lorries in Wolverhampton.

IN BRIEF :

An interesting departure from Debating Society routine is a "Short Speech Competition" in the Students' Club on Tuesday, 24th October. We wish them the best of luck in this novel enterprise.

Messrs. N. L. Eckhoff and P. Clarkson were chairmen at two of the lectures given at the Professional Nurses and Midwives Conference at the Seymour Hall on October 17th and 18th.

We congratulate Mr. C. G. Barrett and Mr. P. Curtis on winning prizes in the College of General Practitioners competition for students' case-histories of patients seen in general practise.

Mr. R. D. Emslie, Reader in Preventive Dentistry, is visiting Nigeria for three months to carry out a pilot study on the periodontal disease of Nigerian children with a view to assessing its importance as a factor in the incidence of cancrum oris: this condition is responsible for serious deformity among children in several districts.

GUY'S DIARY

OCTOBER

25th	W	4.30	Guy's Science Club. Dr. M. W. Potts. *Respiratory Function and the Anaesthetist.* Staff Common Room.
31st	T	1.00	Professor Hedley Atkins. Clinical Lecture. *The Nature of Cancer.*

NOVEMBER Exhibition. Department of Surgery. *Incisions.*

2nd	Th	1.00	Mr. Lawrie. Clinical Lecture.
3rd	F	1.00	Dr. Houston. Clinical Lecture.
6th	M	1.00	Dr. Baker. Clinical Lecture.
7th	T	1.00	Mr. Clarkson. Clinical Lecture.
8th	W	4.30	Guy's Science Club. Mr. J. L. Hayward, F.R.C.S. *Steroid Excretion in Early Breast Cancer.*
9th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
13th	M	1.00	Sir Russell Brock. Clinical Lecture.
14th	T	1.00	Dr. Evans. Clinical Lecture.
16th	T	1.00	Dr. MacArthur. Clinical Lecture.
17th	F	1.00	Dr. Joiner. Clinical Lecture.
23rd	M	1.00	Mr. Gibberd. Clinical Lecture. *Abnormalities of Foetal Attitudes.*
26th	Th	1.00	Mr. Glover. Clinical Lecture.
27th	F	1.00	Dr. Kauntze. Clinical Lecture. *Carcinoma Bronchi.*
31st	T	1.00	Professor Hedley Atkins. Clinical Lecture. *The Nature of Cancer.*

Evening Surgery is finished,
Go and get the puppy's lead,
Seek the goodness of a Guinness—
It's the very thing you need.

after work you need a

GUINNESS

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OBITUARY

EDWARD FARRAR SOOTHILL, M.A., M.Chir., F.R.C.S.

The tragic and untimely death of Edward Soothill, when he was killed immediately after stepping ashore in Melbourne, has already been reported in this journal and in the national press. It is particularly sad that he was on his way to take up a new post as lecturer in surgery at Sydney University, which would have carried consultant status in the hospital; after a number of disappointments it had looked as if he were about to achieve his ambition.

He was born in 1923, the son of the late Dr. V. F. Soothill, Medical Officer of Health for Norwich, and was educated at the Leys School and at Christ's College, Cambridge. Having gained 2nd class honours in his B.A., he entered Guy's Medical School in 1945 and qualified M.B., B.Chir. in 1948. He obtained his F.R.C.S. in 1954 and became M.Chir. in 1960. After qualification at Guy's he served twice as Sir Russell Brock's house surgeon, before and after an appointment as house physician. At that time his wish was to train as a thoracic surgeon and he was fortunate in spending most of his National Service in the R.A.M.C. with a chest unit in Scotland, which also gave him excellent opportunities to pursue his interest in fishing. His National Service completed he returned to Guy's in 1952 as a house surgeon and then was appointed R.M.O. in Nuffield House. Appointments as surgical S.H.O. at St. John's Hospital, Lewisham, and Surgical Registrar at the West Middlesex Hospital followed before he again returned to Guy's in 1957 for a period as locum surgical registrar. From Guy's he returned to his home town as Senior Surgical Registrar at the United Norwich Hospitals, where he remained until he undertook his fateful journey to Australia.

Those who had the good fortune to know him will remember him not only for his professional achievements, however, but for the person he was. A modest, gentle person he possessed an exceptional degree of intellectual honesty, so that any form of guile or deception was unknown to him. Of him it could be truthfully said that he looked always for the good in people, and he was a most loyal friend. He had many interests apart from his work, including a great love of music and sang for several years in the Bach Choir. His many friends and acquaintances will mourn the loss at such an early age of a delightful companion.

When he set forth for Australia he left his wife and three young children in Norwich, planning that they should join him when he had set up a home in Sydney. Their's is the greatest loss of all and to them we extend our deepest sympathy.

D.C.D.

AN AMERICAN POINT OF VIEW

by

LEE W. HOYER

University of Minnesota Medical School

The medical student may be called a ward clerk in both England and the United States, but there are many differences in his clinical training. Although one must be aware of the danger of generalizing too much from his own experiences, I think some interesting comparisons can be made between clinical training at Guy's and the University of Minnesota. One risks a preoccupation with details by concentrating on a specific pair of medical clerkships. Only as details are considered, however, do we find examples which characterize the two different systems.

At Minnesota, the clerkship is not divided into firms as at Guy's, but is centered about the medical service. Each medical service, distinguished by a colorful title, consists of a nursing station with beds for 20–30 patients and the medical personnel who attend them. The ultimate responsibility for the care of the non-private patients is the attending physician's, and he is a full-time member of the medical school faculty. However, most of the patient care is provided by a resident (registrar), an intern (houseman) and two or three medical students. This low ratio of students to teachers assures close contact with the attending physician, the resident and the intern. The student is more a part of the medical care team and less an interested, but separate, observer.

Each day's activities begin at 8.00 a.m., when the resident, intern and students meet at the medical station. Together they see all of the patients on the service—it is a "working round" and informal in nature. The patient's TPR is noted, the nursing notes are consulted to check his input and output, the drug therapy is reviewed, and the results of recent investigation are noted. The patient is seen and pertinent physical signs are checked. In this way, the course of the patient's illness is reviewed daily—briefly in some cases while at some length in others. Discussion of diagnosis, investigations and therapy may be vigorous or dull (this is a function of the four participants). It consists of questions and answers rather than more systematic or didactic teaching. The clerk is asked why this drug is being given or what that physical sign means. In turn, he suggests a relevant investigation, or more frequently, asks why a certain one was requested.

Because all the patients on the station are seen daily, the clerk is aware of the problems each one presents even though he has worked up only one-half or one-third of them.

A major portion of each morning is spent this way and the "working round" is the heart of the clinical training. Two mornings a week the attending physician joins the group at mid-morning, and the problem patients are presented to him. The clerk presents the history and examination just as at Guy's, but the discussion is directed at the problem at hand. The patient's diagnosis and therapy are discussed, rather than the disease type presented by the patient.

Three mornings each week the Chairman of the Department of Medicine conducts a formal teaching round. All the medical clerks at the University Hospital (usually twleve in number) attend these rounds and two cases are seen at each station each week. The clerk presents the history, physical findings and laboratory results—without notes—and the patient is examined and discussed. Topics of these rounds range from "classic" examples of the more common diseases to obscure syndromes usually hidden deep in the literature.

Not all clinical teaching comes from the rounds, of course. For the patient is as much a teacher as his physicians, and the clerk spends many afternoons working up newly admitted patients. A history is taken, an examination accomplished, and the findings recorded—just as at Guy's. The write-up does not remain a neat record of the clerk's handwriting, however, for the resident reviews it critically. Disputed physical findings are challenged, items omitted in the history are noted, and even spelling is corrected.

Investigations of the blood and urine are done by the clerk in a laboratory set aside for the students—one a bit more accessible, I might add. The purpose of these investigations is two-fold: to teach familiarity with the common techniques, and to demonstrate the changes observed in certain diseases. Trained technicians almost always duplicate the investigation so the clerk's accuracy is also checked. To a greater extent than at Guy's, the clerk's laboratory work is a teaching exercise rather than a necessary step in obtaining information about the patient's blood and urine.

As a result, the clerk is not required to do routine investigations after a specified number of blood pictures and urinalyses have been completed. The clerks still complain that there is too much lab work and that time spent counting white blood cells could be better spent in other ways.

The clerk learns technical procedures also. He draws blood samples from his patients and starts intravenous infusions. When his patients need lumbar puncture or thoracentesis, he does them under supervision. By the end of the clerkship he is quite facile with the needle.

Each patient's problem is meant to be a stimulus to the clerk's reading. He is expected to consider the current literature as well as understand the textbooks. Quoting of papers is important in rounds and discussions, but uncritical reading is challenged. Woe to the clerk whose bright suggestion is based on an uncontrolled series. As a result of this emphasis, the bound journals are often consulted—they are all kept on open shelves and not locked away.

At the end of the clerkship period each clerk presents a ten minute talk to the physicians during a lunch hour session. The topics are suggested by some aspect of one of the cases the clerk followed, but they emphasize basic science investigation. As one might imagine, a fair amount of reading is needed to prepare a talk on "The Chemical Properties of Ascitic Fluid in Myxedematous Patients".

Although the aims of clinical teaching are basically the same in England and America, it is apparent that different things are emphasized. Formal teaching is a much more important part of the Guy's clerkship. In the States this receives less attention but is compensated for by the closer contact of clerk and physicians. It is the difference between fifteen clerks making rounds with a teaching consultant and two clerks working through their patients' problems with the aid of a resident, intern and attending physician.

A second major difference is in the amount of reading done by the ward clerk. The American student is much more likely to have read a recent issue of the *New England Journal of Medicine* than his counterpart is to have read the *Lancet*. This probably results from the closer and more searching contact with his teachers, for in neither country does this reading help in passing examinations.

Taking part in clinical training in both countries has made it more apparent that there are many ways to the same goal. This has been a comparison made from an American point of view. I am most anxious to hear how the American system appears to an English student.

It looks as though the new film "The Young Doctors" is going to be compulsory viewing for us all. It is of course another rave-up on the glamour of hospital life, played against the usual background of white-clad figures, nimble fingers, beads of sweat, etc. However, its similarity to previous dramas ends there, for a recent review states that "the real star of the show is a tumour—a truly fascinating one situated between the tibia and fibula of a young student nurse" whilst "the Rhesus factor has only a supporting role". Frederick March in the part of an old doctor can, apparently, "wrap his tongue round 'osteogenic psychoma' with as much ardour and aplomb as once, in bygone days, he would wrap his arms round the fabulous Garbo."

Fifty Years Ago

In the *Gazette* of 14th October, 1911, was the case history of a boy of 14 who was admitted to Guy's with malaria. In common with all his family he had never been out of London in his life.

NOT WALKING IN CRAFTINESS

by

The Rev. A. J. M. SAINT, M.A., Oxon.

Chaplain to Guy's Hospital

Editors, ex cathedris, demand and decide. This article is a command performance, designed to indicate what a hospital chaplain thinks he is for, and what he gets up to; and since truth is to be told, it is a rechauffe of ingredients previously served to young clergy of the Southwark diocese, student nurses, and various groups in several parishes.

"Good morning," I say, as graciously as I can, for the fortieth time since breakfast. "I am the chaplain of the hospital. May I bring a chair and talk to you for a bit?" A civil and firm approach is essential, in common courtesy and to establish confidence quickly. Once a year or so a man will say No; otherwise you may expect a variety of cautious assent. A patient in a bed is bound to be shy at first if only because he is cut off from his normal escape route when the parson calls, which is out through the scullery. But experience proves that when people are away from home, and sick abed, and made neighbour to other people grievously ill, and are themselves being cared for with a devotion and skill beyond anything they have previously known, they are made sensitive and grateful and receptive: and many of them find it possible to speak of their deepest convictions and needs in an uninhibited way such as would be impossible outside. Here is the chaplain's chance. The rough man's heart is touched by the unwonted kindness he has received. A grateful patient, even if he is an unbeliever, is not far from the Kingdom of God.

It is ineradicably established in the public mind this side of the river that the chaplain of Guy's is a junior curate of Southwark Cathedral. I have come to accept that with proper humility, and as a compliment to my appearance, as a consultant might be both chastened and pleased on being taken for the ward-clerk. I am in fact fifty, senior in years and in orders to the bishop and the provost. To a lady from Dockhead who evidently reckoned me very tender and newfledged I was once egoistic as to say that I had had parishes of my own for seventeen years before coming to Guy's. "I see," she said, "So now you're one of those unfrocked parsons".

Since 1948 every hospital is required to carry a resident chaplain if there are more than 750 patients of his denomination; otherwise a visiting chaplain is employed. The ministry of the chaplain is nominally to all the people of his persuasion, whether patients or others, who live or work on the premises. At Guy's the resident chaplain is C. of E. Roman Catholic, Free Church and Jewish Chaplains visit regularly. The resident chaplain is glad to acknowledge frequent help and kindness from them. By arrangement with

Guy's the Southwark Diocesan Board of Women's Work provides a qualified chaplain's assistant. The present chaplain is of opinion that the size of the hospital is such that there ought to be a second chaplain, if only part-time, for work among medical students. As things are it is of great help if students will take the initiative and introduce themselves; it is very difficult to get acquainted otherwise.

Of course Guy's had a resident chaplain long before the Health Act—since 1726 in fact, when William Wallis was appointed at a stipend of £80, which was double that of the Physician, Surgeon and Clerk to the Governors. Moreover he applied successfully for a rise in 1741. This was paid on a piecework basis at half-a-crown a burial, and was retrospective. The average then was 240 and a bit annually. Matron and the Head Porter received a shilling a time too, under the same happy arrangement. The only Guy's Chaplain of much distinction was F. D. Maurice, 1836 to 1846. His writings are probably more read today than those of any other theologian of the last century: but it is hard to find out from these how he went about his work in Hospital. But he was a learned and holy and infinitely conscientious man.

In Maurice's time the chaplain was required to lecture to medical students in Moral Philosophy, for it was recognised more clearly then than it is now that medical practice as Europe traditionally understands it is based in theology and takes for granted the Christian doctrine of man. The importance of being human is part of the prolegomena. Nowadays the chaplain has the opportunity, which he values, of instructing nurses about this at P.T.S. and in block. Students are deemed intelligent enough to pick these matters up for themselves; the evidence is that only some do. The essential principles are two. First the infinite worth of every human being, just because he is a Person, made in God's image to start with, and partaker of that same human nature which God the Son assumed at his Incarnation. And second the integrity of each person as a unity of body-with-soul, with an eternal destiny in his wholeness. It seems that though most students nowadays accept the first principle almost without question, they find difficulty over the second. They assume vaguely that the soul somehow survives death, but that the body is merely mortal; and of course a false spiritualism of this sort is the real heresy of our time, much more so than materialism. (William Temple said that Christianity is the only religion which takes matter seriously; it has to, since it teaches that the Word was made flesh.) The fact is that the Son of God took a human body and a human soul in order to redeem us in our wholeness. The New Testament and the Liturgy insist everywhere on the eternal destiny of the redeemed man, whose body and soul alike is to be preserved unto everlasting life. It follows that the doctor who ministers mainly to men's bodies does a work of infinite and eternal significance. To believe otherwise is to reduce him to a mere mender of broken bits destined finally for the scrapheap, and his hospital to a repair shop. It is true that the full faith in this matter raises great difficulty for the imagination, but St. Paul was as honest as we are, and it is no easier to imagine a disembodied soul than it is to imagine a heavenly body.

A chaplain then must seek opportunity to call the hospital back to its ideals and to encourage those who work among the sick to

examine their assumptions in the light of the truth of the Gospel. "Inasmuch as ye have done it unto one of the least of these my brethren ye have done it unto me." For the rest his work is like that of any priest elsewhere, to pray for his people, to lead them in worship, to seek them out and teach them, to aid them in trouble, to share their joys, and to prepare them to die. A priest in hospital ministers to a greater variety of people than most parish priests, and even more than his colleagues he is called to deal with the mystery of suffering. Here it is necessary to say first that suffering is a mystery only because we believe that God is good; and secondly that it *is* a mystery, in the strict sense of a divine secret only partly revealed to human understanding. We can, therefore, expect no fully satisfying solution. (How lamentable that an excellent book on the mystery of suffering should carry the title The Problem of Pain.) What then does one say to the patient or the parent who is called to strive with the mystery in some heartbreaking way ? It is, as St. Augustine said of the mystery of God himself, *non ut illud dictatur sed ne taceatur*—not that anything adequate can be said but that we are bound to say something. Suffering is part of the greater mystery, the mystery of evil altogether in the universe. Something has gone wrong, an alien destructive force has come in. So far as mankind is concerned suffering often seems to come about because we, who are made for society with God, are forever trying to find satisfaction elsewhere. The habitual selfish misuse of our nature brings us into constant conflict with our environment: frustration and dis-ease are the inevitable consequence. Since evil is the opposite of good its manifestations are the contraries to those of the Holy Ghost—disorder, disintegration, irrationality and so on; there is no reason or justice in it; it is idle to ask "Why does this good man suffer and that wicked man get off scot free?" Chaos is come again. Although suffering may be the consequence of sin, it is necessary to stress that it is the consequence of the sin of mankind as a whole and not of the particular sin of the sufferer. Job in fiction and Jesus in fact were completely without personal sin: yet Job had boils and Jesus was crucified. Our Lord's crucifixion, and many martrydoms since, and the patience and courage of countless invalids are proof positive that God often makes use of the evil thing for his own victories, and in using it transforms it. The cross ceases to be the badge of human degradation and depravity and becomes the sign in which we conquer. Thus it is that in suffering the saint comes very near to the heart of the mystery of redemption; and suffering borne so is truly creative—something is brought into being that was not there before and which can only be brought about in this way; it is like an artistic creation wrought out in tears and toil.

A few weeks ago I found a patient reading the Greek Testament. He was an elderly man, a retired army officer. He told me that he had kept his classics going since he left school, and that now he was soon to die he meditated often on a saying of St. Augustine—*Non interest qualia sed quales patiantur.* I was glad to be up to it—it does not much matter what things we have to bear; what matters is what sort of people we are who bear them. I suppose that many doctors, nurses and priests know that the best teacher is the sufferer and that often we owe more to the patient than the patient owes to us.

THE DIAGNOSIS OF THE FLOPPY INFANT

by M. D. O'BRIEN

The diagnosis of the floppy infant is one of the most difficult problems in paediatrics. This may be because many of these conditions are not fully understood; they are on the whole rare, and the diversity of nomenclature to describe each newly recognised case, together with the dearth of adequate pathological evidence to substantiate diagnosis further confuses the picture. Accurate diagnosis on a clinical basis is often impossible. Muscle biopsy, electromyography, both repeated at intervals if necessary, and careful observation over a period of time may be needed before a diagnosis can be made with reasonable assurance.

The causes of hypotonia may be considered in four groups. The first includes those muscle disorders which are secondary to atrophy of the anterior horn cells. If this takes place in early intra-uterine life, arthrogryposis multiplex congenita is the result. Oppenheim's amyotonia congenita is the result of atrophy at or around birth, and Werdnig-Hoffman disease if this occurs in the first few years of life. The second group are the primary myopathies, which may be progressive; these are the dystrophies and the inflammatory states, or non-progressive, for instance central core disease, which is a congenital disorder of muscle structure. The third group comprises those myopathies which are the result of a default in the neuromuscular apparatus, and the peripheral neuropathies such as polyneuritis. The final group includes all those conditions which may give rise to muscle weakness as an incidental sign or symptom; the diagnosis of this group seldom provides any difficulty, because the primary condition is usually self-evident.

For simplicity there are some assumptions made which are not universally accepted, many omisions of rarer varieties, and the inclusion of similar conditions under broad headings; for the same reason all references have been omitted.

Classification of the causes of muscular weakness in childhood:

1. Infantile spinal muscular atrophy.
   - *a*) Congenital — Arthrogryposis multiplex congenita. Oppenheim's Amyotonia congenita. Werdnig-Hoffman disease.
   - *b*) Inflammatory — Poliomyelitis.
2. Primary Myopathies.
   - *a*) Progressive — the heredo-familial muscular dystrophies. Facio-scapulo-humoral. (Landouzy-Dejèrine). Juvenile scapulo-humoral. (Erb).

Pseudo-hypertrophic. (Duchenne).
Femoral. (Leydon-Moebius).
Inflammatory.
Polymyositis (myositis fibrosa).
Dermatomyositis.
Congenital muscular dystrophy.

b) Non-progressive Benign Infantile hypotonia.
Central core disease.

3. Neuromuscular and Peripheral neuropathies.

a) Myasthenia gravis.
Immaturity of the neuromuscular apparatus.

b) Polyneuritis.

4. Symptomatic.

Cerebral	Atonic cerebral diplegia. Congenital athetosis. Birth injury. Mental defect. Kernicterus. Cerebral lipoidosis.
Metabolic and Nutritional.	Rickets. Scurvy. Cretinism. Malnutrition. Vitamin E deficiency. Coeliac disease. Glycogen storage disease. Chronic infection.
Skeletal	Osteogenesis imperfecta. Achondroplasia.
Miscellaneous	Congenital heart disease. Spinal ganglioneuroma. Spinal-cord birth injury.

OBITER DICTUM

DR. MOYNAHAN : "Don't try to make sense out of what I'm going to say for I'm not sure that I understand it myself".

MATRON to a group of fourth year nurses :

"So now you are all going to be centrally sterilized, are you ?"

RESEARCH AT GUY'S

The Physiology Department

The patterns of secretory and motor activity in the upper alimentary tract have occupied the attention of the department for many years. The technique of the Serial Test Meal was evolved to study these patterns and made it possible to follow in detail the progress of gastric emptying and secretion in man. Having established these basic characteristics of gastric activity it was possible to select critical points in the sequence of events and to use single withdrawal meals at these points as tests of gastric function. Dr. Hunt, aided by a team of enthusiastic students, has been using this technique to test the effect of a number of variations in the composition of meals and in the method of their ingestion.

The emptying of the stomach appears to be affected by the osmotic characteristics of the meal. This influence is probably exerted mainly from the duodenum and by a careful study of the effect of meals differing in electrolyte content and osmotic pressure, Dr. Hunt has been able to define the characteristics of the duodenal receptor mechanisms which respond to osmotic change and exert a braking influence on the gastric emptying.

A similar braking effect can result from meals containing fat and Dr. Hunt has found that the effect appears to be related to the length of chain and the degree of desaturation of the fatty acid used. The acidity of a meal has also been investigated using meals containing citric acid or the various sodium salts of the acid. Here the braking effect appears to depend not upon the *p*H of the meal, but upon its buffering capacity or titratable acidity.

This technique has made it possible to examine the effect of posture upon gastric emptying. Dr. Hunt and his volunteers have measured their emptying rates in positions varying from the vertical to the inverted and have shown that there is only a small difference in performance between these extremes.

Pain of dental origin is a very real thing to the sufferer, but the mechanism of its causation still remains very obscure. Dr. Anderson and Mr. Naylor from the Department of Dental Medicine have been studying the receptor mechanism in the dentine using solutions of different chemical and physical properties to test the conditions of penetration required to excite. They have shown some relationship to the osmotic characteristics of the applied solutions, but further work is required as the results are not clear cut. Physical penetration of dyed solutions has helped to demonstrate changes in accessibility of dentine according to whether it is exposed by fracture of the tooth or mechanical preparation of a cavity.

Teeth appear to be far more mobile than the layman would imagine. Dr. Anderson has been following the movements of opposing teeth when dental restorations are slightly "proud" and occlusion

correspondingly modified. Opposing teeth appear to recede progressively and on removal of the restoration or cap can return to their original positions.

Diets deficient in protein have been blamed for the nutritional disturbances found in "kwashiorkor". Dr. Macdonald has been able to produce liver changes indistinguishable from those found in kwashiorkor by feeding rabbits on low protein/high carbohydrate mixtures. He has been making a detailed biochemical survey of the lipid metabolism in these experimental conditions, kwashiorkor and marasmus. His findings give ground for the belief that it is the high carbohydrate content in a background of low protein which is responsible for the striking lipid changes found in the experimental animals and kwashiorkor. He is also concerned with certain ocular changes which occur in these conditions and with Mr. Gardiner has studied the relationship of myopia to these conditions of malnutrition.

"Stress incontinence" may be an unpleasant disability following parturition or pelvic damage in the female. Whether the condition is due to loss of sphincter tone or is due to changes in the posterior urethra is debatable. Dr. Firth is trying to resolve these possibilities by measuring the tone at varying points from the internal meatus outwards. To do this he has devised a light metal catheter with built-in strain gauges which enable precise measurements of tension to be made at selected points along the urethra.

CORRESPONDENCE

Letters to the Editor of the Gazette

A Mixed Hostel

SIR,—The letter by D. B. James in the *Gazette* of last issue raised so many points that I cannot allow it to pass unanswered. He states that the function of the *Gazette* is to publish Hospital news, but what constitutes Hospital news ?

As, presumably, most *Gazette* readers have done their training at Guy's, it must surely be of interest that a large number of students have been discussing the possibility of a New Hostel.

A student coming up to London for the first time needs a room near Guy's to help him to settle in. Traditionally he would have lived in St. Thomas's Street, or Snowsfields, but this is no longer possible. He has to find his own bed-sitter miles away in some soulless suburb. He spends so much time travelling to and from work that he feels too tired to attempt to join the University Life after supper at his digs, which he can't afford to miss because his landlady won't give him any rebate. It is meaningless to say "seek university life at the London Union" for it is even farther away and only operates for half the year.

Time spent in travelling is time wasted, and the "introspection" and "specialisation" that D. B. James fears can only be combated by building a large Hostel soon.

As for saying that a Medical Student's Education is not detrimentally affected by the system of digs, all who have sampled College life, digs life and life in a Guy's Hostel room know that such a statement is absolute rubbish.

As a friend of mine has put it, "If life has to centre on a bedsitter, it ceases to exist".

Yours etc.,

M. CROWE.

St. Christopher's Hostel,
Long Lane, S.E.1.

SIR,—You need defending. Mr. James' letter shows a gross misunderstanding of both your and Mr. Crowe's intentions, and of the present situation at Guy's. I feel he is quite wrong to condemn your attitude as "sniping at the authorities."

Mr. James does not see the need for a hostel, claiming that "the system of digs has worked well." This so-called system of digs is extremely unsatisfactory, as amply illustrated by the poor attendance of clubs and societies alluded to by Mr. Crowe and in *Passim* 7th October. (The unequal struggle between stomach and society is real and you did well to warn freshers of it in the last *Passim.*) Must future students suffer because present students failed to draw attention to their difficulties at a time when they could be overcome ? What Mr. James interprets as complaint was on intelligent and constructive analysis of the present situation at Guy's.

The University Life as lacked by Guy's and enjoyed in Oxbridge, is not the product of facilities provided by a union but of young people living in proximity. It is this proximity that is so badly needed in Guy's. Should a hostel be opened it would quickly develop such atmosphere of its own as would offset the dangers Mr. James fears. Is he aware that the majority of outside activities take place within the Hospital confines already ?

Finally, it is certainly desirable that "the senior and distinguished men who are responsible . . . should consult the student body before reaching any decision affecting their welfare." Since this is not practically possible it is sensible for our views concerning our future, and such suggestions as the Editor deems legitimate, to appear in the *Gazette* in the hope that they may be read by those concerned. *How else can our suggestions reach these senior and distinguished men ? Surely* the place for such topical correspondence is in the magazine "whose function is to print Hospital news". We have a very real need for cohesion—I feel sure Mr. James would agree if he were here now—and the *Gazette* should be the vehicle of its expression.

The nine to five habit must be broken and a hostel is the ultimate solution. Meanwhile it is up to the people themselves.

Yours etc.,

Miss LYALL RICKARD BELL.

Guy's Hospital, S.E.1.

University Life

SIR,—I feel that some retaliation is demanded on the part of the student body to the letter of D. B. James, published in your current issue. With your permission I should like to supply it.

It was proposed that Guy's Students should depend upon the University of London Union for their extra-curricular activities. There are many reasons why I find this an unsatisfactory idea. May I present two of them ? The first is the geographical situation of the U.L.U. building itself. Twenty minutes is a minimum time in the best travelling conditions for the journey from Guy's alone; that from digs in South-East London, where so many Guy's students live, would be considerably larger. I need hardly point out the disadvantage of this. The second is that the Guy's community of nearly one thousand medical and dental students is very near the ideal size for a student body of this sort. It is small enough to enable individuals to find their correct place within the organization. They may be organizers themselves, they may be talented performers or they may simply wish to take an ordinary day-to-day interest. At the same time it is large enough for everything to be either represented here or to obtain a following if the lead is given.

Unfortunately I cannot close without defending the right of anybody, whether he be Editor or reader, to express a reasonable opinion in the columns of the *Gazette.* I am sure that the original comment was not made as an undermining criticism but as a respectful suggestion, and hope it may be taken as such for I feel, together with you, Sir, that the subject is one which may have considerable bearing upon the future of this Hospital.

Yours etc.,

MARTIN CONYBEARE.

St. Christopher's Hostel,
Long Lane, S.E.1.

Edward Soothill

SIR,—The news of Ted Soothill's tragic death will be a cause of sadness to his many Guy's friends. His death at such an early age, whilst still a registrar, has left his widow, Betty (née Lazenby), who nursed at Guy's, to care for their three young children with only very slender resources.

We are setting up a fund to help her with their needs and have no doubt that there are many who will wish to support this. Contributions of any size, or offers of payment by covenant for this purpose, will be most gratefully received by any of the undersigned. Cheques may be made payable to any one of us.

Yours etc.,

D. C. DEUCHAR, Guy's Hospital.
A. W. R. WILLIAMSON, Guy's Hospital.
A. BATTY SHAW, Norfolk and Norwich Hospital

Guy's Hospital, S.E.1.

Guy's Science Club

SIR,—Members of the Teaching and Research Staffs of the Hospital and Schools are cordially invited to attend the meetings of the Guy's Science Club. Each term two or three meetings are held on Wednesdays at 4.45 p.m., in the Staff Common Room, by kind permission of the Dean. Tea is served at 4.30 p.m. and the proceedings are rounded off by 6 p.m.

The first meeting of the new session will be on Wednesday, 25th October, when Dr. M. W. Potts will discuss "Respiratory Function and the Anaesthetist".

The second meeting will be on Wednesday, 8th November, when Mr. J. L. Hayward will discuss "Steroid Excretion in Early Breast Cancer".

At the last meeting this year, on the 13th December, Professor Polani will speak on chromosome abnormalities.

Notice of future meetings will be given in the Guy's Diary and on notice boards about the Hospital.

Yours etc.,

A. N. DAVISON.

Biochemistry and Chemistry Department,
Guy's Hospital Medical School, S.E.1.

Apples for Dental Dinners

SIR,—In January of this year you were kind enough to publish a letter from me appealing for the inclusion in the menus of the Guy's Hospital Dental Society dinners of the prophylactic apple, so that we dentists could be seen by our guests to "practise what we preach".

As may be imagined, no apples were forthcoming. Now, however, I have the backing of recent research.* A quarter of a firm apple thoroughly chewed, has been shown to remove more food debris from the mouth, when eaten at the end of a meal, than would toothbrushing for half a minute.

Yours etc.,

GORDON M. WILLIAMS.

28, Thames Street,
Kingston-on-Thames.

*Reference: COBB, A. B., HAY, D. I., and SCHRAM, C. J. (1961). *British Dental Journal*, **111**, 249.

REVIEWS

Bacteriology and Immunity for Nurses. By DR. RONALD HALL, M.D. *Price*

This is an attractive book, well presented, written in a simple and direct style. There are some good plates and tables but I think that some of the diagrams are confusing and could well have been omitted.

The chapters on prevention of infection deal with procedures at ports and frontiers, notification of infectious diseases, isolation of the patient and barrier nursing, also several methods of sterilisation. Active and passive immunity is clearly explained and there are some useful graphs of the incidence of certain diseases before and after the introduction of Immunisation. A textbook to be recommended to the student and trained nurse.

J.W.

Modern Surgery for Nurses. By F. WILSON HARLOW, M.B., F.R.C.S.(Eng.).

This is the 5th edition of a book which has been on the nurses' bookshelf for many years. It is one which needs no introduction, but mention should be made of some of the chapters which have been amended including those on Peritonitis, Cardiac Surgery and Physiotherapy.

In particular I like the wide scope of specialised subjects and the way they have been presented.

The author has done all in his power to stimulate the interests of the nurse in all fields of surgical nursing.

J.P.

SPORT

MOTORING CLUB

Safe and Sound Rally

The next rally will be on Saturday 11th November, starting at Dulwich Wood House Hotel, Sydenham Hill (170/341722½), at 5.0 p.m. It will finish at the Royal Oak, Green Street Green (171/456633).

The rally will be suitable for novices and old cars. The total distance will be approximately 75 miles. It will be organised according to the rules of the R.A.C. with the intention of promoting Road Safety. Marking will only be on navigation and knowledge of the Highway Code.

The usual equipment will be required, but there will be no average speed section.

Further details can be obtained from D. J. F. Gurney, Hon. Secretary, c/o Front Lodge or the Dental School.

CRICKET

1st XI Averages, 1961

Batting

	Inns.	Not Out	Runs	H.S.	Av.
J. R. Bernard	8	1	341	100*	48·71
G. W. Cook	19	2	560	115	32·94
K. M. Pagliero	17	1	503	65	31·43
T. J. Huins	23	4	593	98	31·21
Z. A. Cader	11	3	235	73*	29·37
H. W. MacGregor	23	2	579	81	27·57
R. W. T. Myall	22	7	379	82	**25·26**
J. W. Norman	15	5	250	81*	25·00
D. A. Biggs	11	2	190	54*	21·11
M. Jones	8	1	132	39	**18·85**
N. Knott	11	4	131	29	**18·71**
J. Cook	13	4	148	19	**16·44**
P. F. Sievers	20	2	267	51	**14·83**

Also batted: T. Cheesman 13, 2, 11, 52, 3. I. Gibson 15*, 7, 24. J. D. F. Bellamy 2*.

Bowling

	O.	M.	R.	W.	Av.
Z. A. Cader	127·4	28	316	29	10·89
Bernard J. R.	93·2	27	225	20	11·25
P. Banks	52·4	15	157	12	13·08
T. J. Huins	40	5	135	10	13·50
N. Knott	231·3	53	588	43	13·68
G. W. Cook	201·1	51	610	43	14·18
J. D. F. Bellamy	76·4	18	217	15	14·47
A. Leigh-Browne	35	5	103	6	17·16
K. M. Pagliero	37	4	194	11	17·63
M. R. Trevelyan	42	5	124	7	17·71
I. Gibson	45	6	174	9	19·33
D. A. Biggs	131·1	20	432	17	25·41

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

FIRST FIFTEEN

Date		*Ground*	*Opponents*
1961			
Sept.	16	H.O.P.	Catford Bridge
	23	Blackheath	Blackheath
	30	H.O.P.	Old Whitgiftians
Oct.	7	Portsmouth	United Services, Portsmouth
	14	Cambridge	Cambridge University
	21	H.O.P.	Bedford
	28	Cheltenham	Cheltenham
Nov.	4	H.O.P.	Old Blues
	11	Aberavon	Aberavon
	15	H.O.P.	London University
	18	H.O.P.	Rosslyn Park
	25	H.O.P.	Wasps
Dec.	2	Thornton Heath	Streatham
	9	Thames Ditton	Old Cranleighans
	16		
	23		
	30	H.O.P.	Old Merchant Taylors
1962			
Jan.	6	H.O.P.	Richmond
	13	Plymouth	Plymouth Albion
	20	Twickenham	England *v.* Wales
	27	H.O.P.	Devonport Services
Feb.	3	H.O.P.	Coventry
	10	Twickenham	England *v.* Ireland
	17	H.O.P.	Aberavon
		Paris	France *v.* England
	24	H.O.P.	Exeter
Mar.	3	Richmond	London Welsh
	10	Nuneaton	Nuneaton
		Murrayfield	Scotland *v.* England
	17	H.O.P.	Gloucester
	24	Newton Abbot	Newton Abbot
	26	Torquay	Torquay
	31	H.O.P.	London Irish
Apl.	7	H.O.P.	Rugby
	14		
	21	Easter	

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited from registered Dental Practitioners for the appointment of **Registrar in the Conservation Room (3 sessions per week)** with duties to commence on 1st January, 1962. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Tuesday, 31st October, 1961.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited from fully registered practitioners for the TWO following Resident Posts, each for six months from 1st December, 1961. Both appointments are recognised for the D.C.H.

House Physician (with some Casualty Duties).

House Surgeon (in addition to general surgery, experience includes E.N.T., Orthopaedic and accident work as well as repair of congenital deformities. Some Casualty Duties).

Candidates should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials to the Hospital Secretary by first post on **Friday. 3rd November, 1961.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st December, 1961. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and Maudsley Hospitals. Applications should be made by **27th October** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

PASS LIST

CHARTERED SOCIETY OF PHYSIOTHERAPY

Final Examination Summer, 1961

Allen, M.
Barham, A.
Boff, H.
Goring, C.
Harding, R. A.
Hickey, D. M. Mrs.
Johnson, M. M.
More O'Ferrall, C. T.
Sanders, J. N.
Setchell, H. C.
Solomon, J. M.
Symonds, P. A.
Szilasi, B. M.
Taylor, F. C.
Whiteman, A. L.

MEDICAL COUNCIL OF CANADA

L.M.C.C.

May, 1961

J. A. Jemson

UNIVERSITY OF CAMBRIDGE

M.B., B.Chir.

Michaelmas Term, 1961

Pharmacology

D. S. King W. A. Norman

CONJOINT BOARD

L.R.C.P., M.R.C.S.

October, 1961

Pathology

Sheela Amin
J. H. M. Axton
P. Beasley
*M. F. Biggin
A. S. G. Clark
J. N. Crossley
B. Donovan
T. A. H. English
K. G. C. Evans
P. P. Fanning
A. G. Gilchrist
C. J. Guerrier
W. R. Hain
J. W. Heber
Susan J. Henry
M. J. House
M. N. J. Jacoby
P. G. Kelly
Mary Lake
D. M. Lewsey
Rosemary R. Millis
M. D. O'Brien
F. A. W. Schweitzer
R. A. Sells
P. F. Sievers
T. G. Tetlow
D. R. Turner

Medicine

Sheela Amin
P. M. D. Anderson
C. J. Atkins
J. H. M. Axton
G. C. Barrett
C. C. Bates
C. B. Boothby
I. M. Boyd
M. F. Bradshaw
Marcella A. Chamberlain
J. N. Crossley
R. J. Elliott
T. A. H. English
A. G. Gilchrist
M. J. House
M. N. J. Jacoby
Mary Lake
D. M. Lewsey
D. J. Lintott
Rosemary R. Millis
A. R. Nathoo
M. D. O'Brien
F. A. W. Schweitzer
P. F. Sievers
J. C. Simpson
Carol L. Slack
Rosalind A. Smith
P. J. Snow
D. R. Turner

Surgery

*J. M. Forsyth
J. G. F. Fraser
*I. Gibson
*H. Jay
*Loretta S. W. Ko
P. O. Older
*B. J. D. Peatfield
*J. M. I. Simpson
*D. T. M. Smith
A. P. A. Trayling
*R. O. Weller
*P. B. Wemyss-Gorman

Midwifery

J. D. F. Bellamy
A. H. Binsted
N. E. Burrows
I. M. Boyd
G. W. Cook
D. D. French
J. M. Hughes
S. J. L. King
R. W. Penny
Mary R. Ramsay
K. C. Rooke
D. Sarson
Jennifer S. Shewan
J. C. Simpson
Carol L. Slack
J. L. Stanford
M. J. Tarlow
T. G. Tetlow
Norma L. J. Williams

*Have completed the examination.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Baker, Charles. Advances in Cardiology. *Practitioner*, 1961, **187**, 454.

Bishop, C. and Potts, M. W. Complications of Out-Patient Dental Anaesthesia. *Brit. dent. J.*, 1961, **111**, 235.

Bishop, P. M. F. A New Oral Progestogen in the Treatment of Dysmenorrhoea. *Proc. R. Soc. Med.*, 1961, **54**, 752.

Blacker, C. P. Voluntary Sterilization : Introduction and Summary. *Eugen. Rev.*, 1961, **53**, 145.

Citron, K. M. Wandsworth Chest Clinic. *Chest Heart Bull.*, 1961, **24**, 137.

Dixon, A. St. John and another. Sacro-iliac Joint in Adult Rheumatoid Arthritis and Psoriatic Arthropathy. *Ann. rheum. Dis.*, 1961, **20**, 247.

Dixon, A. St. John and others. Digital Arteritis in Rheumatoid Disease. *Ann. rheum. Dis.*, 1961, **20**, 224.

French, E. B. and another. Effects of Brachial Arterial Infusion of Bretylium Tosylate on Hand Blood Flow. *Clin. Sci.*, 1961, **21**, 151.

James, W. V. Abdominal Stab Wounds. *Centr. Afr. med. J.*, 1961, **7**, 124.

James, W. V. The Theoretical Background to the Surgical Treatment of Cirrhosis of the Liver. *Centr. Afr. med. J.*, 1961, 7 335.

Laws, John O. Types of Cell in Ascites Tumours. *Nature*, 1961, **192**, 78.

Milner, Louis. External Cardiac Massage. *Sth. Afr. med. J.*, 1961, **35**, 653.

Pearson, R. S. Bruce. Recurrent Swellings of the Parotid Gland. *Gut*, 1961, **2**, 210.

Roberts, M. and others. On the Smooth-muscle Stimulating Activity of Preparations of Heparin. *J. Pharmacol.*, 1961, **132**, 58.

Roberts, M. and others. Differential Action of Iproniazid Catron on Isolated Atria. *J. Pharmacol.*, 1961, **132**, 131.

Roberts, M. and others. The Influence of Triiodothyronine on the Catecholamine Content of Guinea-pig Myocardium. *Scottish med. J.*, 1961, **6**, 338.

Spicer, C. C. and others. Chemotherapy of Bronchitis. *Brit. med. J.*, 1961, ii, 979.

Steel, F. L. D. Investigations of Skeletal Remains of a Known Population. *Medicine, Science and the Law*, 1960, p. 54.

Stoker, D. J. and another. Fatal Spontaneous Rupture of an Aortic Aneurysm in a Young Adult. *Thorax*, 1961, **16**, 167.

White, R. H. R. and others. Observations on the Clinical Course and Treatment of One Hundred Cases of Still's Disease. *Arch. Dis. Childh.*, 1961, **36**, 65.

Zorab, E. C. A Survey of Cataract Surgery Technique in the United Kingdom. *Brit. J. Ophthal.*, 1961, **45**, 614.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gaéette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

Ordinary rates 15s. 0d. 5 words. Box Numbers 1s. extra.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

Professor Hedley Atkins, M.Chir., D.M., F.R.C.S., 68A, Lexham Gardens, W.8. (Tel. Fremantle 2356).

Dr. M. J. S. Coe, 21, Deben Court, Wickham Market, Woodbridge, Suffolk.

Dr. Verna Houghton, "Oakleigh," 312, Finchampstead Road, Workingham, Berks. (Tel. Wokingham 883).

Dr. Verna Houghton, "Oakleigh," 312, Finchampstead Road, Workingham, Berks. (Tel. Wokingham 883).

R. W. Salmon, M.B., B.S., "Northlands," 15, North Road, Hythe, Kent.

C. H. Talbot, M.Chir., F.R.C.S., Cliffe End, Ranmoor Cliffe Road, Sheffield, 10.

Malcolm Tuddenham, M.B., B.S., 339, Osborne Road, New Milton, Hants. (Tel. New Milton 2570).

Denis B. Whitlock, F.R.C.S., 65, Plaistow Lane, Bromley, Kent. (Tel. Ravensbourne 4300).

MARRIAGES

FAWCETT—GOULD.—On 12th September, 1961, at the Magistrates' Court, Johannesburg, James R. Fawcett to Beryl Gould, S.R.N.

GREEN—WICKS.—On 9th September, 1961, Roger Norman Green to Anne Margaret Wicks, S.R.N., at St. David's Church, Fleetwood, Lancs.

RIGBY—WOOD.—*On 16th September, 1961,* quietly at Maidenhead, John Atherstone Rigby, Ll.B., of Sunningdale, to Faith Wood, S.R.N., S.C.M., of "In the Ray" Maidenhead.

WOLFLE—DAVIDSON.—On 30th September, 1961, at St. Wilfrid's Church, Coalville, John Wolfle, M.B., B.S., B.D.S., to Eileen Elizabeth Davidson, M.C.S.P.

BIRTHS

BURCOMBE.—On 5th October, 1961, at 10, Oakmount Avenue, Southampton, to Moreen (née Crew), and Douglas R. Burcombe, M.B., B.S., a daughter (Sarah Anne), a sister for Wendy.

DAVIES.—On 20th August, 1961, at Uffculme, Devon, to Elizabeth (née Plested), and Gwyn Davies, M.R.C.P., a daughter (Elizabeth Ann), a sister for Geoffrey and Charles.

HARLEY.—On 20th September, 1961, at Farnborough Hospital, Kent, to Anne (née Phillips), and Clifford Harley, a daughter (*Emma Victoria*), a sister for *Simon*.

LOEB.—On 22nd July, 1961, at St. Joseph's Hospital, Toronto, to Jocelyn (née Bennett), wife of J. A. Loeb, M.B., B.S., F.R.C.S., F.R.C.S.(C.), L.M.C.C., a daughter, Susanne Jane, a sister for Stephen, Graham and Karen.

MAGEE.—On 24th August, 1961, at R.A.F. Hospital, Cosford, to Jean (née Masterson, S.R.N., S.C.M.), and Flt.-Lt. M. F. Magee, R.A.F., a son (John Christopher).

ROWE.—*On 11th September, 1961,* at Guy's Hospital, to Pat (née Flett), and A. H. R. (Jack) Rowe, B.D.S., F.D.S., R.C.S., a third son (Simon John).

SALMON.—On 31st July, 1961, at Willes*borough Hospital, Ashford, Kent,* to Jean (née Gibson), and Rozin Salmon

SOMERVILLE.—On 17th August, 1961, to Jane (née Platnaver), and Walter Somerville, a daughter (Kate).

DEATHS

ENOS.—On 2nd October, *1961,* Idwal Owen Enos, L.D.S., R.C.S., of 24, Tonbridge Road, Maidstone, Kent.

MORRELL.—On 20th August, 1961, Frederick H. Morrell, L.D.S., R.C.S., of 146, Scalby Road, Scarborough.

SOOTHILL.—On 29th September, 1961, in Melbourne, Edward Farrar Soothill, F.R.C.S., of 25, Banstead Road, Ewell, Surrey.

EDS. { R.A.S. D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1912 *4th November* 1961 *One Shilling*

PASSIM

THE King Edward Hospital Fund has made a generous grant to Guy's to enable a study to be made of the sources from which patients come to the Out-patient Department, and also to examine the use made of the hospital and other medical services by the community living in our immediate environs. The research which is being directed by Professor Butterfield and Dr. Acheson is to be carried out by Dr. Roger Blaney, a graduate of Queen's University, Belfast, and Dr. Jocelyn Chamberlain who qualified from St. George's Hospital; they will be working in the rooms formerly occupied by the Department of Anaesthetics in Old Guy's House. It is hoped that the information they obtain will be useful to many people; it may be that it will help in the planning of Guy's own new out-patient department. Then there are similar studies starting in other centres such as Edinburgh, Manchester and Oxford which are being financed by the Nuffield Provincial Hospitals Trust and the work here will be conducted in very close liaison with these surveys. Finally, the King's Fund is itself interested in reliable information about morbidity patterns and usage of hospitals in London.

A steady trickle of left-wing pamphlets, cultural tit-bits, and invitations to relax with Asiatic mystics adds flavour to the bulky diet of medical journals which is fed to the *Gazette* office: but tradition dictates that discussion of them in our columns would be a little *avant garde*. At first sight the report on 'The Pathogenesis of War' looked another of them; but it soon became evident that with a rating of two distinguished names per octavo page it was worthy of more serious consideration.

The pamphlet contains the summary of a conference held by the "Medical Association for the Prevention of War". It looks at war in an attempt to determine its causes: these include population factors (which are important—a research department should be set up "for the study and promotion of international co-operation"); psychological factors (such as the necessity of proving one's manhood—"the joys of rugger with its dirt and savagery" are apparently relevant here); fundamental biological factors (there are none—we are the only vertebrates to indulge in mass fighting within our species); educational factors ("the all-good versus all-bad attitude is fostered by Wild West films"). Inevitably war is considered as a disease with primary and precipating aetiologies.

In addition to its important subject matter the report is striking in its insistence on the special responsibilities of the medical profession in social affairs. "Doctors have a particular responsibility in helping the development of understanding between nations". "Doctors have the duty and opportunity, stemming from their education and from their work, to prevent the rebirth of xenophobia and misunderstanding from which, it seems, war may result". "Doctors have special opportunities to encourage the exchange of ideas through personal contact". "Doctors . . . .".

In a teaching hospital the accent is of necessity upon the doctor's duty towards the individual. There is little discussion about our wider social responsibilities. Will an awareness of these automatically come to us when we leave the nest and go out into practice or should we be hearing more about them now ?

We are indeed sorry to hear that Miss Coombe's sister, for many years a devoted worker for the blind, has died following a road accident.

The proposed reunion for friends to meet Miss Coombe before she retires on 31st October, from being Superintendent Health Visitor at Salomons Centre has been cancelled, but it is hoped that it may be possible to arrange another later.

IN BRIEF :

We are glad to hear that Mr. W. Golder, L.I.B.S.T., Teaching Technician in the Dental Department, has been awarded the Aspin Cup, presented annually by the Institute of British Surgical Technicians to the winner of a regional competition in practical dental technology. The subject for this year's competition was the construction of a fenestrated skeletal denture.

Mr. Golder holds the cup for the ensuing year and has also received The Engelhard Award, a gold watch presented by Engelhard Industries Limited, as a permanent memento of his achievement.

H. S. M. Crabb, M.D.S., Ph.D.(Bristol), F.D.S., R.C.S., has been appointed Professor of Conservative Dentistry in the School of Dental Surgery, Leeds University.

The Admiralty recently announced the impending retirement of Surgeon Rear-Admiral (D) W. Holgate, C.B.E., Q.H.D.S., L.D.S., after thirty-three years service in the Royal Navy. Immediately prior to taking up his present appointment, Rear-Admiral Holgate pioneered research into the Strontiem 90 burden of human teeth consequent on fall-out from testing nuclear weapons. This work, which is unique, is still being maintained at the R.N. Medical School.

OBITER DICTUM

Dr. KAUNTZE, surveying an empty clinic "This country is being swept by an epidemic of health".

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Incisions.*
6th	M	1.00	Dr. Baker. Clinical Lecture. *Myocardial Disease.*
7th	T	1.00	Mr. Clarkson. Clinical Lecture. *On Making Thumbs.*
11th	S	10.00	Sir Clement Price Thomas, K.C.V.O., F.R.C.S. Departmental Round. Clinical Theatre.
14th	T	1.00	Dr. Evans. Clinical Lecture. *Inborn Errors of Metabolism.*
20th	M	1.00	Dr. Vaughan. Clinical Lecture.
21st	T	1.00	Mr. Blackburn. Clinical Lecture.
23rd	Th	1.00	Dr. Grimble. Clinical Lecture. *Non-Specific Urethritis : Related Conditions and Complications.*
27th	M	1.00	Mr. Batchelor. Clinical Lecture.
28th	T	1.00	Dr. Joiner. Clinical Lecture. *The Nephrotic Syndrome*
30th	Th	1.00	Mr. Law. Clinical Lecture.

Fifty Years Ago

From the Gazette of 28th October, 1911.

The latest "Hospital Scandal" has induced that dear old lady who figures so prominently in *Punch* to turn her attentions to our hospital. Reading that the house-surgeon was unable to admit a case owing to the fact that he had not got a bed for it, this generous soul has attempted to prevent the recurrence of such an incident, and has sent a bed for which she has no further use to the hospital! If some similar kindly person would now send a ward in which to put the bed, the difficulty would be quite easily and pleasantly solved.

DEBATING SOCIETY

The Debating Society held its first meeting of the term on Tuesday, 24th October. About 40 members were present. The meeting, arranged by Mr. M. D'Souza, took the form of a speaking contest, the speeches being about 2 minutes in length and on one of a variety of set subjects. "Marriage" proved to be the most popular subject, with "Medical Students of the Opposite Sex" and "Future Britain" close runners-up.

Although the standard was quite high, it was of some disappointment that only 7 members spoke, as the Society had hoped that the £1 prize offered to the winner would encourage members to take this opportunity of improving their ability to speak in public. Messrs. T. Davies, Kumar, and D'Souza spoke seriously and sincerely, while Miss Hackel and Messrs. Underwood, R. Davies and O'Gorman entertained the House in a light-hearted and humourous manner.

The panel of judges, consisting of Dr. W. G. Gent (Vice-President of the Society), Miss Rosemary Baker (a fresher, who kindly volunteered to take part in the judging) and Mr. D. K. C. Cooper (Hon. Secretary of the Society), considered the speeches of Miss Helen Hackel and Mr. Roger Davies to be equally good. Dr. Gent very generously presented a further £1 to the Society, enabling two prizes to be awarded.

JOHNS HOPKINS

by ANDREW B. RICHARDS

Having just returned from an appointment on the house staff of Johns Hopkins Hospital, I should like to set forth some of the impressions of a most interesting and happy time at this great sister institution of ours.

As American hospitals go, Hopkins is old with tradition extending back to Sir William Osler and Dr. Halsted, both well known to us in this country; the medical and surgical blocks are named after them. Under their guidance and that of their colleagues and disciples, it soon grew in status to its present high position. Geographically it is situated excellently to acquire interesting cases from anywhere in the Americas, and they still come from far and wide. Financial help came from such characters of a bygone age as "Diamond Jim" Brady who donated a "cool" half million dollars after relief of his prostatic obstruction, and founded the Urology Institute. The resemblance to Guy's is surprisingly close in many ways. Thus the number of beds is approximately the same, the architecture of the original part of the hospital is reminiscent of Hunts House, and Hopkins also has a park. Medicine, surgery, gynaecology and obstetrics, paediatrics, psychiatry and ophthalmology all have separate blocks surrounding a green which at present is grossly upset by the rebuilding in huge dimensions of the new Children's Hospital. Above all the buildings towers the Clinical Sciences building, which is what most of you probably imagine American hospitals are like—square and over 12 stories high. A street away lies the Basic Sciences buildings which form another whole conglomeration, while across the road opposite the hospital lie both the nurses' home and the students' dormitory. Of the latter I shall not say too much, as our facilities are so abject in comparison with this splendidly equipped building which houses unmarried doctors and students who can live there, or in their own flats, within 10 minutes of the hospital. Further down the hill opposite is the Compound—so called because of its resemblance to a prison, where in very comfortable flatlets live the married house staff and their families; they too can live in flats of their own choosing if they wish, as long as they are within 10 minutes of the hospital. Because of these arrangements there is a tremendous social life for the wives, nearly all of whom work, many in the hospital, and the time necessarily spent alone by a house doctor's wife holds no disadvantage at all.

There are so many doctors doing research there that the staff vastly outnumbers that of Guy's, reaching about 700. The hierachy of American hospital medicine is rather different to ours. Working from below upwards one begins with the Intern who is just like our H.S. or H.P. with similar duties; also he is helped a great deal at Hopkins by the students who, I must say, were the best informed and

keenest fellows one could hope for. This is to be expected since there is competition from all over the country to be accepted. The number of beds supervised by the intern approximates to those of our H.P. or H.S. and their lives are as hectic. Next come the residents; these may be divided into assistant residents and residents, they work up the notorious pyramidal system which ultimately arrives at the apex of "The Resident". After an internship of one year, one does a 3-5 year residency in the speciality chosen. He will then almost certainly spend some years in research in some part of the programme upon which America spends astronomical sums yearly.

The hospital is roughly divided into private and ward services. This is a financial matter which I do not propose to deal with in this article. I should add, however, that all my colleagues were most eager to know about our system, and I am sure that sooner or later the A.M.A. will have to permit some kind of National Insurance covering medical care because financial ruin of all but the very rich by one severe illness is a tragedy, all too common and very distressing to one who only knows National Health.

The private service is run by the "visiting men" who are roughly equivalent to our consultants. They closely supervise the day to day care of their patients. But in the "ward service" all similarity to our own system ends; it is this that I should like to describe in a little more detail, and this is based mainly on the Osler Medical service where I worked as Assistant Resident in Neurology.

Each ward is run by 2 interns and 2 Assistant Residents, and they work closely with the students and are responsible for most of the work. They are tactfully but firmly supervised by the Resident who administers and virtually runs the whole of his service; with a good resident the atmosphere is superb with team spirit. One shudders to think of the chaos that would exist if the Resident was not first class but the selection is so fine that at Hopkins they are all excellent.

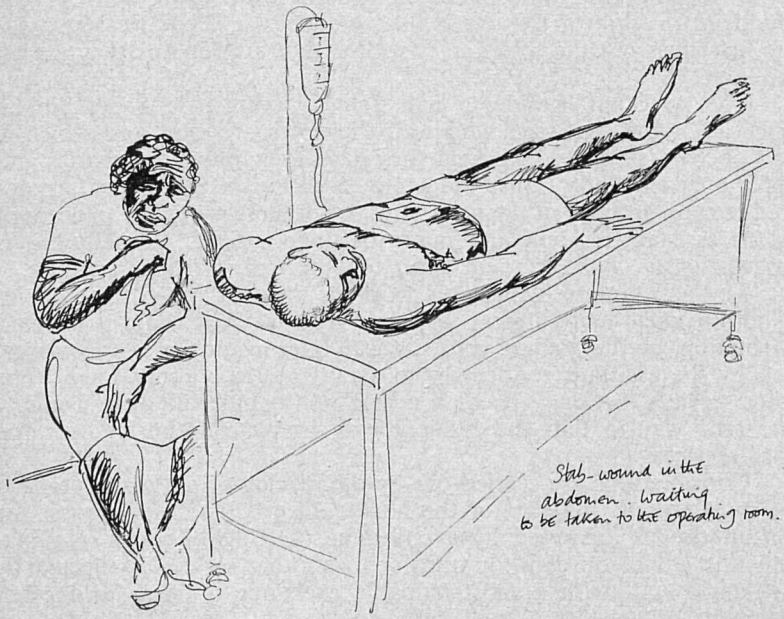
The Assistant Residents and Interns each have a desk in an office adjoining the ward where all the notes are kept and which is also open to students, although they have their own laboratories and desks on each floor. Just the same as at Guy's the students notes are the main account of the patient although there is always an account by the assistant resident and intern of their patient. Usually this is typewritten as most of them learn to type early in their training.

The assistant residents also work in the vast out-patient clinics of both medical and surgical services. The accident room is covered in rotation by the medical and surgical interns and, as in the wards, also by the assistant residents who arrange all the admissions. The other services, 'obgyn' paediatric and ophthalmic all work roughly the same way in that the resident has complete authority over the ward services.

Consultations are carried out by the residents and this is perhaps the most stimulating part of the house officer's life; his request for consultation is answered by a colleague of roughly equal standing. Thus the advice on care, or transfer to another service is effected by the junior staff with a most valuable exchange of ideas and often argument.

Consultants have a very different role to their counterparts here who so closely follow their patients' care and progress and whose orders are so rigidly obeyed. Rounds are made regularly by visiting men, physicians, and surgeons connected with the hospital usually by research appointments; assistant and associate professors often with a private practice. One visiting man is allocated to each floor; and the professor, Dr. Harvey in the Osler service, and Dr. Blalock in the Halsted surgical service do regular rounds on all floors. Interesting patients, selected by the house staff, are shown to these consultants who assess the problem after hearing the history from a student and examining the patient themselves. He then comments; it took me a long time to get used to the heated arguments with strongly opionated juniors who may or may not accept the advice from anyone except the professor. A visiting man attends most out-patient clinics and is available for help to the residents.

Meetings are a great feature of life in American hospitals: departmental meetings where house staff talk over problems presided over by the Resident; student rounds; each speciality has its own library and weekly chart conferences are held where the patients' notes and dictated discharge summaries are read and often criticised. My own superiors and colleagues were all delightful people, always most co-operative. Saturday morning is the time for the main conferences and if I have one regret about Hopkins, it is that so many interesting meetings clashed. Grand rounds are held in the huge amphitheatres and attended by 200-300 people. Cases selected by the Resident are presented by the assistant residents. X-rays are shown and then the



professor asks for comments from members of the audience which contains visiting dignitaries from other countries, other hospitals, other departments, and specialists from within the department. After cases are discussed comes a lecture from one of these visitors or specialists and their work is presented.

Baltimore is 50% Negro and it is from this section of the population that I have my most vivid memories. Although they have the trust and devotion of their counterparts in the borough, here the similarity ends because instead of our highly intelligent Cockney one deals with a physically adult but often mentally extremely childish person. The Negro problem in America is again something I cannot discuss in this article except to say that in Baltimore the tragedy is starkly displayed. Unemployment degrades the menfolk who live in amoral squalor, as is testified by the illegitimacy rate of the huge families and the frequent drunk patient. Shootings, stabbings and beatings-up are common; on Saturday night the accident room is like a battleground. Drug addiction and crime amongst the teenagers is alarmingly high and many well-intentioned efforts to help have ended in disappointment. However, they have many attractive qualities; their enchanting children, their musical sense and their wonderful vernacular. Slang, unlike the Cockney rhythm which one may learn as a hobby, is an essential at Hopkins for dealing with a large percentage of patients :—

Very close veins=varicose veins.
Sick-as-hell anaemia=sickle cell anaemia.
Herniagram=E.C.G.
Nice little glycerine tablets=Trinitrin.
Alphabetic=diabetic.
Athletic=epileptic.
Fall out=lose conconsciousness.
Sociable dressin' room=surgical dressing room.
Fireballs=fibroids.
Bad ear=diarrhoea.
Sing man colin=sigmoidcolon.
Granuloma in the alley=granuloma inguinale.
Hot mamma=heart murmur.
Done radish=already registered.
Cadillacs=cataracts.
Blind staggers=ataxia.
Barnacle rasma=bronchial asthma.
Yeller jabbers=jaundice.
Smilin' mighty Jesus=spinal meningitis.
Romantic fever=rheumatic fever.
Liver done drops=cirrhosis.
Roaches of the liver=cirrhosis.
Algebra clinic=allergy clinic.
Ain't seen nothing this month=6 months pregnant.

I wish I had space to dwell upon the visits of Sir Charles Symonds and Mr. Schurr to our department and the Neurosurgical which aroused great enthusiasm; on the nursing so poor except in the superb recovery room; on the marvellous blind typists who produced the notes we dictated; and on the Turtle Derby when, between contests to see which of the lugubrious turtles crosses out of the circle first, each service puts on a skit to the assembled hospital personnel on this fete day—a semi political, bawdy replica of a residents' play at Guy's. I would like to describe fully the bright, cold day in January when I watched the spectacular Presidential Inauguration after being packed off to the railway station by my colleagues. There is much to say about Baltimore itself, half a slum and half a thriving busy port with elegant residential areas in one of which Johns Hopkins University is situated, a delightful campus of red brick and white roofed towers. We visited Washington frequently as it is only 35

miles away, and enjoyed its cultural amenities and sights. We found the time to visit New York, saw and heard Ella Fitzgerald, and all the sights of this busy city. We also visited Colonial Williamsburg in Virginia where the old British Colony town has been faithfully reconstructed. It was the centenary of the tragic Civil War and it was fascinating to visit the Gettysburg and Manassas battlefields near Baltimore.

Finally, with characteristic American generosity, one of the assistant professors in our department lent us his car, and with the money we had saved, my wife and I drove 12,000 miles in a vast oval across the continent and back. Chicago, St. Louis, Oklahoma, New Mexico, Arizona (where we saw an Indian rodeo and ceremonial dances), the Grand Canyon (unbelievably huge and silent), Utah with Bryce and Zion Canyons whose beauty is indescribable. Then Las Vegas, the fabulous gambling oasis in a parched desert, Los Angeles with all its tourist attractions; Marineland with performing whales and porpoises, Disneyland, and surfing on Malibu beach. Up the coast visiting William Randolph Hearst's castle, and Yosemite National Park which is a paradise. In San Francisco, a fascinating city, we saw Michael Brooke, a Guy's contemporary, and his charming wife; he has settled there. Then north through magnificent Oregon to the Canadian Rockies; Banff, Lake Louise, the dazzling Columbia Icefields; we saw deer, goat, moose, bears, soaring mountains and huge unspoiled forests. Then home across the prairies where I had the luck to accidentally meet Douglas Smith, a well remembered Guy's figure, and his family in Saskatchewan. He was most enthusiastic about his life there where he ran a splendid little hospital of his own. Then on through the Great Lakes to Ottawa, Stratford Ontario, for the Shakespeare Festival, Montreal, Quebec, Boston, Harvard, Cape Cod, Yale, and finally back to Baltimore. When we didn't stay with kind parents of Hopkins doctors, we camped, which was great fun.

Mr. Lee Hoyer gives an excellent account of differences in student training between Guy's and the U.S.A. in the 21st October edition of the *Gazette*. I hope this article outlines some of the contrasts in the next stage of which perhaps the most striking are an unwillingness to accept dogmatic teaching and more responsibility for the practically autonomous house staff.

People ask us what we thought of America and the Americans and this is of course an impossible question to answer coherently in one paragraph, but I shall try. To borrow a phrase from a Presbyterian minister, the father of a colleague, America has much undone homework; she has huge social problems but in the many people we met whom we admired, we found a great awareness and a will to correct them. If the foreign political clouds lift to allow social progress at home, with her immense scenic beauty, America will continue to be a wonderful country, for whose people I should like to express my great admiration and gratitude.

Medicos Look At . . .

We've been to see two excellent films on general release. A strict comparison between *Two Women* and *Victim* is not possible but there are certain points of similarity.

Victim has been hailed as "brave" English film, arguing, as it does, against the present laws on homosexuality. It reveals, in a satisfying thriller, the extent that the law encourages blackmail. A hairdresser, an actor, an antiquarian bookseller and even an up and winning lawyer (Dirk Bogarde) become involved in paying out large sums of money. But the film's aim is to change the climate of opinion, to engender public sympathy. This it does during the short time in the cinema. Yet, somehow, the plot is too neat and the hero has too few qualms about his course of action which will inevitably destroy him, his marriage and his career. Nor are we roused. Maybe a Balham audience is not a typical London one but it left the film neither horrified nor argumentative. A woman's magazine described the film as showing the evils of blackmail and as being a woman's film.

The pill was too deliciously coated—but perhaps our digestion might have suffered too much otherwise.

Two Women was less easy to digest. Again the problem was an intimate and individual one but this time the audience had to participate. And the moral was none too clear.

Perhaps by the standard of exported Italian films this tale of the miseries and the rare joys of the war refugee is conventional. So then is the superb photography . . . the unfriendly mountains, the incredibly primitive huts of the gnarled old peasants . . . and the young and beautiful who emerge at every generation and in any conditions. We journey to Rome with our suitcases on our heads. Rome is broken and bombed. How it contrasts with the carefree and gay city of The Gold of Naples. This was another example of de Sica's sensitive production. And here Sophia Loren was jauntily tossing her hips and making pizzas. Now, as she surveys her daughter's ruin she is revealing her power as a tragic actress. Do we imagine beauty in the sordid detail ? Is this another kitchen-sink drama? Only the death of their friend the idealist, Michele, releases the girl's sobs and stops her downward path.

It seems that Moravia's story carries a small gleam of hope, unlike many novels of the same period.

A. CHAMBERLAIN.

One of our physicians was recently examining at the final M.B. clinicals. He asked an attractive female candidate to look at a man with Parkinsonism. At sight of her the patient's shaking became more violent. "What kind of a tremor is this ?" the physician asked. "Intention tremor, Sir".

CORRESPONDENCE

Letters to the Editor of the Gazette

"The Students' Club"

SIR,—The attention of Clubs' Union members is drawn to the revised Constitution of the Students' Club published in this edition of the *Gazette*.

The Annual General Meeting of the Club will be held in the Spring Term.

Yours etc.,

D. A. F. McGILL,

The Medical School,
Guy's Hospital, S.E.1.

Hon. Secretary, Guy's Hospital Students' Club.

Old Alleynians

SIR,—Old Alleynians with a common bond, geographical or academic, have been gathering together in the four corners of the world for years to renew acquaintances and to acquire new ones with a common loyalty. We feel that such an opportunity should be made to enable Old Alleynians who have been, or are, at Guy's to meet in this way and that this could best be achieved by holding a function, possibly a dinner, in the Spring.

To this end, we would be grateful for views from Old Alleynians of all age-groups in order that the form, and size of the reunion can be gauged. At the same time, it would be helpful if information of the whereabouts of members from every year could be forwarded to us to ensure that everyone available can be reached.

Yours etc.,

Guy's Hospital, S.E.1.

E. J. N. CHATER and E. TILLER.

Guy's Hospital Theatre Club

SIR,—This autumn, Guy's Hospital Theatre Club are planning a week of diverse entertainment to enable more students to participate in, and more of your readers to see, a Theatre Club production.

The plays to be performed are "Five Finger Exercise", by Peter Shaffer from Tuesday, 21st November, to Friday, 24th November, and two one-act plays "Harlequinade", by Terence Rattigan, and "Dock Brief" by John Mortimore—from Sunday, 26th November to Tuesday, 28th November.

Advance notice of these productions is offered in the hope that more of your readers will be able to give us support. Tickets, which are free, will be obtainable from outside W. H. Smith's bookshop between 1.0 and 2.0 p.m. each weekday from Thursday, 9th November, or by written application to the House Manager, Guy's Hospital Theatre Club.

Yours etc.,

ERIC TILLER,

Guy's Hospital, S.E.1.

Hon. Secretary, Guy' Hospital Theatre Club.

Student Exchange

SIR,—You are incorrect in thinking that student exchange between Guy's and the United States is only just about to begin. In June, 1949, I. B. Thomas and I went to Yale University Medical School for three months. During that time, Thomas held a Dressers appointment and I was a Medical Ward Clerk.

We both found our experiences to be most valuable and our Yale counterparts at Guy's also seem to have enjoyed themselves.

If you will look through your files I think you will find a description of our three month visit printed in September, 1949, under the heading "Student Exchange 1949."

Yours etc.,

5, Wyvern Road,
Sutton Coldfield, Warwicks.

B. H. BASS.

The Clubs' Union Ball

SIR,—The Clubs' Union is this year holding its Annual Ball at the Park Lane Hotel, on Friday, 19th January, 1962. The price of a double ticket is £4. This includes dinner which starts at 8 p.m. and is followed by dancing to Laurie Payne and his Orchestra until 2 a.m.

Enclosed in this issue of the *Gazette* is an order form which will enable applications for tickets to be made by post to Mr. J. Goodliffe at the Medical School. I hope people from all parts of the Hospital will be able to come as the Ball is intended to have the widest possible appeal. In view of the success of the Clubs' Union's Balls in recent years it would be as well to apply for tickets as early as possible, especially for those who wish to arrange larger parties, as this will avoid disappointment about seating arrangements.

Yours etc.,

MICHAEL SMITH,

Hon. Secretary of the Ball Committee,
Clubs' Union Council.

Guy's Hospital Clubs' Union,
Medical School, Guy's Hospital, S.E.1.

SIR,—We have all experienced the patient with a gift for misunderstanding our instructions or explanations, but I think the following incident is worthy of record.

A middle-aged woman attended my Surgical out-patients with a long history of recurrent attacks of cystitis. At the time of examination she was free of symptoms so I said to her "Go to your doctor immediately you start another attack as I want a specimen of your water tested for germs, etc." She thanked me and departed. The following morning a letter was awaiting me at the Hospital, "Dear Sir, since seeing you this morning I have been to the Council offices in A, and seen Mr. X, with a view to testing the water here. Mr. X was most helpful but he says he must have a letter from you to be able to authorise a chemical test of the water. Would you kindly send him a letter direct to the A. Urban District Council Offices asking him to put the matter in hand."

The composition of a tactful reply put considerable strain on my powers of diplomacy !

Yours etc.,

L. WYNN HOUGHTON.

Stowey Court,
Nether Stowey, Bridgwater.

Lunch-Time Culture

SIR,—Your *Gazette* of 21st October was most interesting. May I comment on certain points arising from the Chaplain's article and the letters headed "A Mixed Hostel and University Life ?"

At present, most students at Guy's lack the opportunity to enjoy a *full* collegiate life. I believe many would welcome talks on extracurricular subjects. These might take the form of occasional lunch hour lectures (on those days when clinical lectures do not take place and perhaps in August) in a wide range of subjects. Perhaps the Chaplain would talk to us on Moral Philosophy. Experts in Basic Sciences might discuss recent advances. And Anthony Hopkins has lectured on music at Queen Mary College in the lunch hour.

The idea should not be impossible to put into practice—and at least at 1 p.m. we would not be rushing back to our bed-sitters in the suburbs.

Yours etc.,

A. CHAMBERLAIN.

Medical School,
Guy's Hospital, S.E.1.

THE STUDENTS' CLUB

Established 1882. Re-formed in 1961 by amalgamation of the existing Students' Club and the Students' Union (established in 1941).

The Students' Club has its rooms in the Residential College situated at the East Gate of the Hospital, and in premises, with a frontage on Newcomen Street, which are situated behind the southern end of the Park, and are entered from the Medical School building.

In the Residential College the Club rooms consist of a Dining Hall, a Cafeteria and Lounge, and Common Rooms. In the Newcomen Street premises they comprise two Common Rooms, a Table-Tennis Room, a Music Room, a room for Quiet Games in which occasional Dances are held, a Billiards Room, a Committee Room and a Bar/Lounge.

RULES

A. ***Membership and Affiliation.***

1. The Students' Club shall be a constituent institution of the Guy's Hospital Clubs' Union.

2. All members of the Clubs' Union shall be members of the Students' Club.

B. ***Organisation.***

1. The Club shall be managed by a Council whose functions shall be:—

(*a*) To administer the premises of the Students' Club.

(*b*) To encourage and promote cultural and social activities.

(*c*) To provide for the representation of the opinions of medical and dental students inside the Hospital, on The Presidents' Council of the University of London Union, and on official student organisations outside the Hospital.

(*d*) To administer the Book Exchange.

(*e*) To promote such other activities as the Council shall deem appropriate.

2. The Council shall comprise:—

(i) Six trustees to be nominated annually by the School Council of the Medical School and four representatives of the Junior Staff, to be nominated annually by the Junior Staff Committee, from whom shall be elected:—

(*a*) A President, who shall be the Chairman of the Council.

(*b*) A Senior Secretary.

(*c*) A Senior Treasurer.

(ii) The President of the Residents, or his nominated deputy.

(iii) Twenty-one student representatives, as follows, to be elected annually as laid down in Section D.3, from whom shall be elected a Student President, a Student Secretary and a Student Treasurer.

(*a*) Six clinical medical students (two of these shall be in their first year of the clinical period, two in their second year and two in their third or subsequent year).

(*b*) Four clinical dental students (two of these shall be in their first year of the clinical period and two in their second or subsequent year).

(*c*) Two third year dental students (Dental Prosthetics).

(*d*) Two third year medical students.

(*e*) Two second year medical students.

(*f*) Two second year dental students.

(*g*) One first year medical student.

(*h*) One first year dental student.

(*i*) One student resident in a hostel of Guy's Hospital.

3. The Council shall elect from among themselves:—

(i) Two representatives to the Clubs' Union Council.

(ii) Three members to be officers of the Book Exchange.

(iii) The Entertainments Sub-Committee. This shall comprise:—

(*a*) A Chairman of the Sub-Committee.

(*b*) A Social Secretary.

(*c*) Three other members.

(iv) The British Medical Students' Association Sub-Committee. This shall consist of four student representatives at least one of whom shall be in the clinical period.

(v) Two members to serve as student representatives on the College Catering Company.

(vi) Two members to form a wine sub-committee, which shall be responsible to the Council for the running of the Bar; for this purpose the Council may co-opt any member of the Club who has special experience.

(vii) Three members to assist the Senior Secretary in the day-to-day running of the premises, including the booking of rooms and routine maintenance.

(viii) Such other Sub-Committees as may be necessary for the conduct of the relevant business of the Council.

C. *Eligibility and Voting Powers.*

1. For the representatives of the Clinical Medical, Clinical Dental, Prosthetics, Pre-Clinical Medical and Dental and First-year students:—

Candidates for each representative place, and their Proposers and Seconders must be from the group to be represented. Members may vote only for the election of their own representative.

2. For the Hostel representative:—

The Candidates, Proposers and Seconders must reside in a Guy's Hostel. Only students resident in a Guy's Hostel may vote. They may vote for this representative in addition to voting for the representative of their year or group.

D. *Nominations and Elections.*

1. The President, Senior Secretary, and Senior Treasurer shall be elected at the Annual General Meeting from among the Trustees and the representatives of the Junior Staff.

2. The Student President, the Student Secretary and the Student Treasurer shall be elected at the Annual General Meeting from among the student representatives.

3. The student representatives shall be elected annually by ballot in the Spring Term.

4. Twenty-eight days' public notice of the date of the Election shall be given by the Student Secretary at which time he shall invite nominations.

5. Nominations must bear the name of the Candidate, the names of his Proposer and Seconder, and the written consent of the Candidate for his nomination. This written consent implies willingness to take part in the work of the Council, and to discharge the duties of such Offices as they may award him. Nominations shall close fourteen days after public notice of the Election.

6. Nominations shall be sent to the Student Secretary, and at the same time the names of Candidates and their Proposers and Seconders shall be entered by their Proposers on a list of nominations which shall be posted on a notice-board in the Entrance Hall of the Medical School fourteen days before the date of the Election. The Student Secretary shall ensure that the posted list of nominations corresponds with the nominations sent to him in writing.

E. *Conduct of the Elections.*

1. The Medical School Office shall be responsible for conducting the Elections.
2. Ballot papers shall be sent to every medical and dental student prior to the day of the Election. Ballot boxes shall be available in both the Medical and Dental Schools, the College and other suitable places for at least six hours on the day of the Election, which must be a normal full working day.
3. The Student President, the Student Secretary and the Student Treasurer shall observe the counting and checking of votes; or, if they cannot be present shall send a deputy who shall be a member of the Council.
4. No representative may be elected unless at least one-third of the group to be represented have voted.
5. The declaration of the results of the Elections shall bear the signature of the Student President, the Student Secretary and the Student Treasurer (or their deputies) and of the senior members of the Staff of the Medical School Office.

F. *Extraordinary Change of Council Members.*

1. The Council shall arrange for the election of a new Student President, Student Secretary or Student Treasurer on receipt of a request signed by at least seventy-five members or following a two-thirds majority vote of the Council.
2. A request signed by at least twenty members may be made to the Student Secretary, informing him that they require the replacement of one or more members of the Council by whom they are represented. A fresh election of a representative of the year or group concerned must then be arranged by the Council.
3. Any student representative member who fails, without adequate written excuse in advance, to attend three Council meetings, may be required by the Council to resign; in the event a fresh election of a representative of the year or group concerned must be arranged by the Council.

G. *Duties of Officers.*

1. *The Trustees*
   (*a*) The Trustees shall have the final decision about undertaking any major financial commitments in respect of the premises of the Club.
   (*b*) They shall inform the Council of their decisions or opinions in person; or, if they cannot be present, in writing.
   (*c*) They may suspend or expel a member of the Club for misconduct as laid down in Section K.
   (*d*) They may request a meeting of the Council, or a General Meeting of the Club.
   (*e*) They may fulfil such other functions of Trustees as they deem necessary and appropriate in the interests of the Club.

2. *The President*
   (*a*) The President shall take the chair at the Annual General Meeting and at any other General Meeting of the Club.
   (*b*) He shall be Chairman of the Council.

3. *The Senior Secretary*
   (*a*) The Senior Secretary shall be the principal administrative officer of the Club.
   (*b*) He shall ensure that the Agendas for all proposed meetings of the Club or of the Council are prepared, and that the Agenda of all Council Meetings is sent to all members of the Council seven days beforehand. He must lay before the Council any communications from Trustees.
   (*c*) He shall ensure that proper Minutes are kept of all meetings of the Council, and of General Meetings of the Club.

4. *The Senior Treasurer*

(*a*) He shall exercise an over-riding control over the finances of the Club, and must approve all the account books at least once every year.

(*b*) He shall present to the Annual General Meeting a statement of accounts relating to the Grant received from the Clubs' Union, and to the Bar. He shall also present a statement relating to moneys received from other sources.

(*c*) He shall submit to the Clubs' Union Council an annual statement of the Bar Accounts.

5. *The Student President*

(*a*) The Student President shall take the Chair at those meetings at which the Chairman cannot be present.

(*b*) He shall be the principal student representative of the Council, both inside and outside the Hospital, and shall be the representative on The Presidents' Council of the University of London Union.

(*c*) He shall be ex-officio a member of the Council's Sub-Committees but shall not be obliged to attend unless specially requested to do so because of the nature of the business to be considered.

(*d*) He shall observe the counting and checking of votes at the Elections, or if he cannot be present shall send a deputy, who shall be a member of the Council.

6. *The Student Secretary*

(*a*) The Student Secretary shall assist the Senior Secretary in the administration of the Club.

(*b*) In the absence of the Senior Secretary he shall keep Minutes of the meetings of the Council and of general meetings of the Club, and shall carry out such other duties as may be delegated to him by the Senior Secretary.

(*c*) He shall observe the counting and checking of votes at the Elections, or if he cannot be present shall send a deputy, who shall be a member of the Council.

7. *The Student Treasurer*

(*a*) The Student Treasurer shall assist the Senior Treasurer in the Administration of the finances of the Club.

(*b*) He shall be responsible for the finances of the Book Exchange and of social activities, and shall present a statement of the accounts relating to these activities to the Annual General Meeting.

(*c*) He shall carry out such other duties as may be delegated to him by the Senior Treasurer, to whom he must send the account books for which he may be responsible at least once a year.

(*d*) He shall observe the counting and checking of votes at the Elections, or if he cannot be present shall send a deputy, who shall be a member of the Council.

H. ***The Council and Sub-Committee.***

1. *The Council*

(*a*) The Council shall meet once each month in term.

(*b*) Twelve members shall form a quorum and decision shall be by simple majority, except that when decisions of major importance are to be taken, a majority of the members of the Council must be present of whom four must be Trustees, including the Chairman. The Chairman shall decide, when necessary, if a decision to be taken is of major importance.

(*c*) If a student representative member is unavoidably unable to attend a meeting of the Council the Student Secretary shall be informed

in writing; a member of the same year and group may then attend as a deputy, provided the name of the deputy is sent to the Secretary when he is informed that the representative member cannot attend. Such a deputy shall have no vote. Persistent failure of a representative to attend meetings of the Council may lead to his replacement by the Council as laid down in Section F, para 3.

2. *The Entertainments Sub-Committee*

The composition of the Sub-Committee is as described in Section B, 3 (iii). It shall be responsible for social and cultural activities decided on by the Council.

I. ***General Meetings of the Club.***

1. The Senior Secretary shall convene the Annual General Meeting in the week immediately following the Elections in the Spring Term. At least fourteen days' public notice must be given.
2. Members may submit to the Senior Secretary any matter for discussion at the Annual General Meeting, not less than seven days before the date of the meeting. Matters not so notified may be discussed at the discretion of the President.
3. Other General Meetings of members shall be convened by the Senior Secretary on:—
   (*a*) The request of the Trustees.
   (*b*) The recommendation of the Council.
   (*c*) A request signed by not less than forty members. Fourteen days' public notice shall be given before any General Meeting.
4. The President shall take the chair at the Annual General Meeting, and at other general meetings.

J. ***The Book Exchange.***

The Book Exchange shall be administered by the three Council members elected to be its Officers. They shall be responsible for its finances in co-operation with the Student Treasurer, who must send the accounts to the Senior Treasurer at least once a year. A statement of the accounts shall be presented by the Student Treasurer at the Annual General Meeting of the Club and forwarded to the Clubs' Union Council.

K. ***Suspension and Expulsion of Members.***

1. The Trustees may suspend or expel any member of the Club who in their opinion is guilty of misconduct. They may act with or without the prior recommendation of the Council.
2. The offending member may, within seven days of notification of his suspension or expulsion, give notice of appeal to a general meeting, which shall be convened forthwith at the request of the Trustees.
3. A member suspended or expelled for misconduct shall on no account be introduced as a visitor.

L. ***Amendments to the Constitution.***

1. A proposal to change the Rules or Bye-Laws of the Club must be submitted to the Senior Secretary in writing at least twenty-eight days before the Annual General Meeting.
2. Fourteen days' notice of the proposed amendment shall then be publicly given to members of the Club.
3. The amendment shall be carried by a simple majority at the Annual General Meeting, and referred to the Clubs' Union Council for confirmation. By the Rules of the Clubs' Union any amendment confirmed by the Clubs' Union Council would then be referred to the Council of Governors of the Medical School for their approval.

BYE-LAWS

1. The Club Rooms shall be open daily as follows (or according to the discretion of the Council):—

   The Dining Hall from 8.0 a.m. till 7.30 p.m., except on Sundays when it will be open at 9.0 a.m.

   The Cafeteria from 9.30 a.m. till 5.0 p.m., except on Saturdays and Sundays when it will be closed.

   The Common Rooms from 9.0 a.m. till 11.0 p.m.

   The Games Rooms, Bar/Lounge, Music and Committee Rooms from 12.00 noon till 11.0 p.m.

2. The bar may be open, and intoxicating liquor can be sold and consumed, only between the following hours, unless an extension of these hours is obtained from the Police on special occasions: Week-days 11.30 a.m. to 3.0 p.m. and 5.30 p.m. to 10.30 p.m., Sundays, Christmas Day and Good Friday 12.00 noon to 2.0 p.m. and 7.0 p.m. to 10.0 p.m.
3. No animals shall be brought into the Club rooms.
4. Any member of the Club may introduce guests, not more than two at one time, provided always that the same guest shall not be introduced more than four times in one month; members of visiting teams may be introduced as the personal guests of members subject to the preceding ruling.
5. A member suspended for misconduct shall on no account be introduced as a guest.
6. Every member shall pay all expenses incurred by himself or on behalf of his guests before leaving the Club rooms. Drinks may be purchased only by members. The Manageress of the Dining Hall and Cafeteria has positive orders from the College Catering Company Limited not to open an account with any member of the Club.
7. The Council shall have power to admit members of the Nursing, Physiotherapy and Radiography Staff of the Hospital as honorary members of the Club; also students in the Physiotherapy and Radiography Departments. Such honorary members would enjoy the privileges of membership only on those evenings on which Dances are held.
8. Gratuities to servants and waiters are strictly forbidden.
9. No member shall take or permit to be taken from the Club rooms, or shall injure or destroy any newspaper, magazine or other articles, the property of the Club.
10. Members shall make good any wilful damage to the Club property caused by themselves or their guests who they introduce. Damages must be made good within seven days, under penalty of suspension, or expulsion, at the discretion of the Trustees.
11. Magazines, newspapers, etc., are not to be removed from the room in which they are placed.
12. No GAMBLING IS ALLOWED ON THE CLUB PREMISES.
13. The Council shall have power to close temporarily any of the Club rooms at their discretion.
14. The facilities of the Games Rooms, Bar/Lounge, Music Room, Common Rooms and Committee Room are available to all members of the Students' Club. At the discretion of the Council, reservation of these rooms for specific purposes may be made by application with seven days' notice to the Student Secretary. The granting of reservations gives priority of use to the body concerned.
15. If a room be reserved for any purpose, responsibility for the conduct of those present and for any damage to the Club property shall rest with the Committee of the organising body concerned, who shall also be responsible for any financial liabilities incurred.

REVIEWS

The Sexual Feeling in Married Men and Women. By G. LOMBARD KELLY, M.D. Perma Books.

It is a safe bet that a paperback with such a title will be a very profitable sales proposition. On the one hand thousands of inquisitive adolescents will surreptitiously thumb through the pages and snigger over the diagrams, as the book lies in the bookshop, keeping company with a host of other best-sellers—'Son of a Werewolf', 'The Bedside Guide to Nazi Atrocities' and 'Amelia—Courtesan of Kings'. Of these thousands several hundred, with sufficient bravado, will purchase the book for more detailed perusal in their bedrooms; thence to a friend, and so on until the text is illegibly obliterated. On the other hand a considerable number of rather shy young men and women with a genuine desire to get to grips with 'the facts of life', but without the courage to consult their doctor or parents, will also buy the book, providing nobody is looking. With a guaranteed readership of this nature such a book carries with it a great responsibility.

The front cover states that it is 'essential reading for every mature person', and yet a good third of the book is devoted to giving a detailed exposition of certain natural phenomena and physiological facts with which a *mature* person would already be acquainted. Let us, therefore, assume that the book is, in fact, intended for the immature.

The author's style is, as claimed, uncomplicated—avoiding medical jargon and terminology wherever possible. This is to be commended. However, simplicity is not enough. Ruling out the professional usefulness of the book—Dr. Kelly quotes at length from a number of eminent sexologists, and never rises above the rank of plagiarist—one must observe it entirely from the layman's point of view. In this respect, I cannot believe that a cold recitation of the facts governing human organs, female fridgidity or male impotence will provide healthy, beneficial reading for an emotionally disturbed or under-developed person. What is required is an injection of 'sympathy', the vital element missing from practically all these types of books intended for general readership. Personal sex relationships and problems cannot be treated as mathematical riders. That is why books will not satisfactorarily replace the G.P. or the parent in putting over sex instruction, written as they are. Perhaps it requires the science of the doctor together with the artifice of the author to achieve a more positive communication with the reader on so delicate a subject. The manner in which the author tends to provide various formulae to explain certain patterns of human behaviour is typified by the title of his last chapter—'Sex can be beautiful'. It is rather like saying a person can be natural if they try.

I would be inclined to recommend the book more enthusiastically if two alterations were effected—namely that the author's personal comments be removed to leave ungarnished medical facts; and that it be sold simply as a sexological textbook for the uninformed layman—expanding the chapter on Birth Control to include descriptions of mechanical and chemical methods of contraception, that have had to be omitted from the American edition. As it stands, however, it makes no worthwhile contribution to the public's greater understanding of the psychology of human sexual behaviour.

M.F.

Toxicity of Industrial Metals. By ETHEL BROWNING. Butterworths. *Price* 50*s.*

This book, as the author states is mainly for those concerned with Medicine in Industry. Primarily a survey, it is naturally not a book which can be read easily straight through. Each metal is dealt with exhaustively from the aspects of occurrence, isolation, physical properties, metabolism and toxicity. The text is very fully documented, but constant use of parentheses makes for disjointed reading. It is not a book to be recommended to students in general, but should be extremely valuable to the specialist and a most useful addition to any medical reference library.

J.H.M.A.

SPORT

CRICKET

The Annual General Meeting of the Cricket Club was held in the Anatomy Theatre on Thursday, 26th October. The following elections were made :

Captain ..	T. J. Huins
Vice-Captain	R. W. T. Myall
Hon. Secretary	N. J. Knott
Hon. Treasurer	J. W. Norman

RUGBY

Guy's v. Cheltenham

At Cheltenham 28th October, 1961

Result—Guy's Lost

Guy's kicked off with the sun and what little wind there was behind them, and were soon on the offensive.

A Cheltenham scrummage infringement on the right hand side of the field, and 10 yards in from touch and 30 yards from the Cheltenham line gave R. W. Myall his first attempt at goal. Myall deputizing, kicking wise, for the injured Biggs made no mistake with the kick.

This early score spurred on the home side, who stormed down to the Guy's line and were unfortunate in having a try disallowed.

From the ensuing 25 yards Guy's again almost came to grief but good covering by M. Murray saved the situation. Cheltenham returned to the attack, aided by some good kicking by their full backs, and finally scored with a scissors movement from a loose scrum. The try was converted. The rest of the first half contained much scrappy play and Cheltenham missing several penalty attempts.

Half Time : Cheltenham 5, Guy's 3.

From the kick-off Cheltenham were in the Guy's territory but then a splendid movement where the Guy's back row harassed the Cheltenham halves, put their boot to the ball, picked up and passed to the back. They were momentarily checked at a loose scrum, a quick heel and M. Murray supported by G. Lillicrap were seen sprinting for the line, unfortunately in the heat of the moment the ball got lost over Murray's shoulder as he dived across the line.

At this stage the game tightened up forward both sides working the line, and here a word of comment about the Guy's line-out play, there was a considerable improvement in the second half, the ball being caught cleanly by R. Brown and P. Peace who were ably supported by J. Hockey, J. Davis and A. Lloyd-Edwards.

About 5 minutes from time the Guy's forwards broke away from their own half and supported by C. Wright, E. Egwuatu took play into the Cheltenham 25 yards and from a scrummage Cheltenham were penalised for footing or time wasting, R. Myall came up to take the kick and from a narrow angle the hit the crossbar, paused and went over.

In the remaining few moments the Guy's line was assailed but just managed to stay intact, as did their goal despite two penalty attempts in front of the posts.

Team : R. W. Myall; E. V. Egwuatu, J. R. Bernard, C. J. Wright, G. Lillicrap; J. A. Edgar, M. D. Murray; J. R. Hockey, B. D. Smith, J. E. Davis, P. Peace, R. Brown, S. C. Evans, D. Lloyd-Edwards, J. D. Bryant.

HOCKEY 1961/62

The Hockey Club has made a very encouraging start to the new season. Two very successful trials have been held and were attended excellently by old and new members alike. We welcomed no less than fifteen freshman this season. We shall run three regular sides and hope, with here a plea for a few more members, to run a fourth.

1st XI v. South Saxons

At Hastings 14th October, 1961

Result—Won 5-2

A beautiful ground and a beautiful afternoon made a fine setting for some good hockey at Hastings. The game lived up to expectations with Guy's setting and maintaining the pace throughout. A forward-line with only one remaining member from last year showed its possibilities with Thomas playing a tireless game in the middle and Cader initiating some beautiful movements from inside-right. Defence, scrappy at times, was often converted into attack by Strickland, playing an authoritative game at centre-half. Overall the picture was one of tremendous enthusiasm mixed with a certain degree of skill. It augurs well for a most enjoyable season.

Team : Crowe: Steyn, Hodgson: Conybeare (capt.), Strickland, Sedgwick: Gill, Cader, Thomas, McNicoll, Winskill.

Guy's 1st XI v. Romford

Away 21st October, 1961

Result—Won 3-0

During the first fifteen minutes of this game, played upon a pitch that had been coated with cinders to absorb water, both sides were equally balanced and the standard of hockey was good. Then Thomas scored, after a short dribble to the edge of the circle. This appeared to unbalance the opposition, and the Guy's side continued to be in command until the end of the game. Strickland scored the second goal, failing only by a few inches to convert it! The third goal came from Gill, on the right wing.

The forwards ran and interpassed together in a manner that is encouraging for the start of the season. Nothing troubled the defence, as they played their usual sound game, clearing hard and accurate.

Team: H. Crowe; S. Hodgson, M. Steyn; H. Conybeare (capt.), R. Strickland, J. Sedgwick; J. Gill, Z. Cader, J. Thomas, J. V. Arnes, P. Liddiard.

Guy's 2nd XI v. Romford 2nd XI

At H.O.P. Result—Won 5-0

Scorers: Glynn 2, McNicholl 1, Winskill 1, Hughes 1.

Guy's 3rd XI v. Romford 3rd XI

At Romford Result—Draw 1-1

Scorer: R. Porter.

SQUASH CLUB

The majority of last year's successful team have left us and no promising freshmen have as yet shown themselves. In the first Cumberland match we were well beaten by I.C.I., W. A. Cup match we were well beaten by I.C.I., W. A. Norman being the only winner. Two friendly matches, however, were won convincingly.

Match results:

Guy's v. St. Mary's Hospital

Away 23rd October, 1961

Result—Won by 3 matches to 2

D. J. H. Richmond beat T. Goodwin 3-0 (9/7, 9/4, 9/5).
W. A. Norman lost to P. Goodwin 1-3 (9/4, 4/9, 6/9, 4/9).
C. Chantler beat T. C. Ross 3-0 (9/4, 9/6, 9/4).
J. G. Hunt lost to B. Manners 2-3 (6/9, 9/5, 9/7, 7/9, 0/9).
P. Monks beat M. E. Snell 3-1 (5/9, 9/6, 9/5, 9/6).

Cumberland Cup

Guy's v. I.C.I.

Home 24th October, 1961

Result—Lost by 4 matches to 1

D. J. H. Richmond lost to C. G. F. Harding 1-3 (9/5, 1/9, 6/9, 1/9).
P. F. Sievers lost to R. G. Clark 2-3 (9/1, 1/9, 7/9, 9/7, 4/9).
C. Chantler lost to J. Eaton 2-3 (9/3, 4/9, 9/6, 1/9, 9/10).
W. A. Norman beat J. Slaven 3-2 (8/10, 9/4, 5/9, 9/3, 9/2).
P. Monks lost to D. Anderson 0-3 1/9, 7/9, 3/9).

Guy's 2nd XI v. Westminster Hospital 2nd XI

Away 19th October, 1961

Result—Won by 5 matches to 0

T. A. M. Stoker won 3-0. (9/2, 9/2, 9/2).
C. Newman won 3-1. (6/9, 10/8, 9/1, 9/4).
J. G. Hunt won 3-0. (9/3, 9/0, 9/3).
D. Waters won 3-1. (9/4, 7/9, 9/5, 9/4).
S. McCall won 3-0. (9/1, 9/1, 9/7).

HOSPITAL INFORMATION

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Monday, 27th November, 1961, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of 6 sessions, from 6.00 p.m. to 8.00 p.m. on 27th and 29th November and 4th, 6th, 11th and 13th December, 1961. Fee £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than **Friday, 17th November**, may be obtained from the Dean, Guy's Hospital Dental School, S.E.1.

GUY'S HOSPITAL

London Bridge, S.E.1

Applications are invited for the post of **Registrar (middle grade) in the Radiotherapy Department**, with duties to commence as soon as possible, and the appointment will date until 30th September, 1962, in the first instance. Preference will be given to applicants with a higher degree in Medicine or Surgery. The department is fully equipped for all forms of irradiation including a linear accelerator, caesium and cobalt units, and facilities are available to study for the D.M.R. (T).

Forms of application are obtainable from, and should be lodged with, the Superintendent not later than **17th November, 1961.**

PASS LIST

UNIVERSITY OF LONDON

General Second Examination for Medical Degrees
September, 1961

R. A. J. Eady P. B. Robinson
T. J. Huins

CONJOINT BOARD

D.T.M.&H.
J. G. Holmes-Smith

D.C.H.

M. F. H. Bush A. Robinson
Louise Gallagher E. P. W. Tatford
Patricia O. Lane Winifred M. M. Tully

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists
Primary Fellowship Examination
September, 1961

J. Hellewell J. N. Powell
G. F. H. Pierce J. S. M. Zorab

F.D.S.
Primary Examination
September, 1961

J. A. Quant R. J. Thomas

GUY'S HOSPITAL DENTAL SCHOOL

SECOND YEAR PRIZE

July 1961

The following awards have been made:—

V. P. Holt
J. R. Reynolds } 1st and 2nd Prize to be divided equally

PRIZE EXAMINATIONS

September 1961

The following awards have been made:—

PRIZE IN CHILDREN'S DENTISTRY INCLUDING ORTHODONTICS

First and Second Prize to be divided equally — Miss C. M. Duncam, J. L. Williams

Certificate .. .. L. A. Usiskin

FINAL YEAR PRIZE

First Prize .. A. J. Simons
Second Prize .. N. J. D. Hodges

JACK WHEATLEY MEMORIAL PRIZE

A. J. Simons

NURSING NEWS

Entered :

Sister R. Price to *Preliminary Training School.*
Charge Midwife Sellin to *Astley Cooper (Maternity Ward)*
Staff Midwife P. Stewart to *Astley Cooper (Maternity Ward)*
Staff Midwife J. Dyer to *Astley Cooper (Maternity Ward)*
Staff Midwife E. Hawksworth to *Astley Cooper (Maternity Ward)*

Left :

Staff Nurse Biggin from *New Cross.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Blake, G. C. and others. A Comparative Assessment of Three Medicaments for the Treatment of Acute Ulcerative Gingivitis of the Vincent's Type. *Brit. dent. J.*, 1961, **111**, 280.

Bousvaros, George A. and Deuchar, Dennis C. The Murmur of Pulmonary Regurgitation which is not Associated with Pulmonary Hypertension. *Lancet*, 1961, ii, 962.

Brooksbank, B. W. L. Endocrinological Aspects of Hirsutism. *Physiol. Rev.*, 1961, **41**, 623.

Brooksbank, B. W. L. and Haslewood, G. A. D. The Estimation of Androst-16-en-3a-ol in Human Urine. Partial Synthesis of Androstenol and of its *B*-Glucosiduroinc Acid. *Biochem. J.*, 1961, **80**, 488.

Crabb, H. S. M. and another. Carbohydrate Restriction and Caries Incidence. *Brit. dent. J.*, 1961, **111**, 273.

Hamerton, J. L., Cowie, Valerie A., Giannelli, F., Briggs, Susan M. and Polani, P. E. Differential Transmission of Down's Syndrome (Mongolism) through Male and Female Translocation Carriers. *Lancet*, 1961, ii, 956.

James, I. Pierce. On Depression. *Med. J. Aust.*, 1961, ii, 430.

Laws, J. O. and another. The Adhesion of Liver Cells. *Exp. Cell. Res.*, 1961, **24**, 240.

Laws, J. O. and another. The Behaviour *in vitro* of Liver from Rats Treated with a Carcinogen. *Brit. J. Cancer*, 1961, **15**, 299.

Lorber, J. and others. Haemolytic Anaemia in Osteopetrosis. *Arch. Dis. Childh.*, 1961, **36**, 494.

Lunn, H. F. and others. Mycobacterial Skin Ulcers in Uganda. *Lancet*, 1961, ii, 951.

Mills, C. P. and another. Osteomyelitis of the Premaxilla. *Arch. Dis. Childh.*, 1961, **36**, 562.

Oppé, Thomas E. and another. Foetal Haemoglobin in Haemolytic Disease of the Newborn. *Arch. Dis. Childh.*, 1961, **36**, 507.

Piercy, J. E. Factors Contributing to Safety in Surgery of the Thyroid. *Proc. R. Soc. Med.*, 1961, **54**, 873.

Polani, P. E. Sex Anomalies and Abnormalities of Sex Chromosomes. *Proc. R. Soc. Med.*, 1961, **54**, 899.

Shaw, Maurice. Medicine and Life Assurance. *Med. World*, 1961, **95**, 273.

Soothill, J. F. and another. An Immunological Study of the Proteins of Amniotic Fluid and of Maternal and Foetal Serum. *J. Obstet. Gynaec. Brit. Emp.*, 1961, **68**, 755.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gaéette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

Ordinary rates 15s. 0d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

ORPINGTON HOSPITAL, ORPINGTON
(35 mins. Charing Cross)

PHYSIOTHERAPISTS full/part-time required. Well equipped progressive department and rehabilitation Day Centre. If you are interested write or telephone Orp. 27050 (ext. 18) to arrange a visit.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

G. V. Crine, L.D.S., Hinton House, 5, Milton Road, Weston-super-Mare, Somerset. (Tel. Weston-super-Mare 5632).

Hedley J. Missen, M.B., B.S., 132, Bodmin Road, Chelmsford, Essex. (Tel. Chelmsford 579.)

BIRTHS

McGILL.—On 27th September, 1961, at Guy's Hospital, to Pamela (née May), and Denis McGill, a son (Nicholas Charles).

SALMON.—On 31st July, 1961, at Willesborough Hospital, Ashford, Kent, to Jean (née Gibson), and Robin Salmon, a son (Robert Francis), a brother for Trumper.

SNAITH.—To Philip Snaith, M.B., B.S., and Mary (née Chalmers, S.R.N.), a son, Julian, a brother for Douglas.

MARRIAGES

BRAID—RANSOME-WALLIS.—On 15th July, 1961, Donald P. Braid, M.B., Ch.B., to Jill C. A. Ransome-Wallis, L.D.S.R.C.S., Eng.

MISSEN—DAVIES. — On 23rd September, 1961, at Holy Trinity (Platt) Church, Manchester, Hedley J. Missen, M.B., B.S., to Mary P. Davies.

SHACKLE—RINGER.— On 14th October, 1961, at Hampstead, David John Shackle to Rosalind Ringer, S.R.N.

EDS. { R.A.S. D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1913 18*th November* 1961 *One Shilling*

PASSIM

The Radio Pill and its associated Receiver makes possible an entirely new diagnostic technique for the investigation of disorders of the stomach and digestive system. The Model was developed to provide a means for continuously monitoring within the body various physical parameters, such as pressure, temperature and pH, by picking up a modulated radio-frequency signal transmitted by the swallowed pill. This pill consists basically of a transducer, a minute mercury cell . . . .

ONCE upon a time there was an old farmer who farmed in the old tradition and who led a full, down to earth peasant life with his wife, his son and the apple of his eye among the farmyard beasts—his prize sow. The latter was an ailing animal and used to keep the farmer very busy with her complaints. When the farmer died, the son took over the farm and very soon new equipment and ideas superceded the old farmer's traditional methods. But the sow remained as much a blight on the young farmer's life as before. Time and again he was called in the middle of the night to see her for some complaint, although it must be admitted, her prize litters were still the best in the county. The poor insomniac became convinced that his sow was really pandering for attention during her 'attacks' and was not ill at all, so being a clever man he fitted a machine to the sow (by a piece of veterinary magic) which would tell him when the sow was really ill. The response was very good. He began to get more sleep, and was only called to the sow when the machine thought it necessary. Unfortunately as the farmer got older he got more lazy, and it wasn't long before he started to work on a machine which would automatically relieve the sow of her attacks so that he could sleep undisturbed. Though all was well with the farmer, his prize sow was most put out about his neglect, and dreaded the thought of being treated by his latest inventions. So she and the rest of the farmyard animals (who sympathised) quietly slipped away to the woods one night, in order to live a free and natural life. Alas, no sooner had she breathed her first breath of freedom when she had an attack. In vain the urgent bleeps from her insides. With a despairing grunt she perished, and the farmyard animals, having no leader, returned meekly to the farm.

So now there are as many machines as there are ailing farm animals (which is quite a lot). They look fairly healthy (the animals I mean) but a trifle lonely. And the farmer? Well, he has so much spare time that he went away in his Rolls-Royce, and the machines tell me that he will never come back.

An important contribution to the welfare of patients at Guy's was made the other week with the production of a new edition of the small booklet entitled "Information for your Guidance". A patient who receives a copy of this excellent booklet whilst waiting for admission comes into the ward knowing who will look after him (a complete classification of doctors and nurses is included) and what facilities, such as a hairdresser or the help of an Almoner, are available to him. Among its most noteworthy features are a gracious request for the patient's co-operation in teaching students and nurses, an invitation to send suggestions for improvements to the Medical Superintendent, and the booklet's success in conveying a personal and non-institutional approach to the patient.

IN BRIEF :

Mr. F. G. Ellis, M.S., F.R.C.S., Senior Registrar in the Genito-Urinary department, has been made Lecturer in the professorial department of surgery. We congratulate him on his appointment to this newly-created post and we are glad that he will combine teaching with his research and clinical work.

We are also happy to congratulate Dr. J. B. Morrison, M.D., D.Phys. Med., Senior Registrar in the Department of Physical Medicine, on his appointment as Consultant to the Alton, Winchester and Basingstoke group of hospitals.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Incisions.*
20th	M	1.00	Dr. Vaughan. Clinical Lecture. *Schizophrenia in Childhood.*
21st	T	1.00	Mr. Blackburn. Clinical Lecture. *Pancreatitis.*
23rd	Th	1.00	Dr. Grimble. Clinical Lecture. *Non-Specific Urethritis : Related Conditions and Complications.*
25th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
27th	M	1.00	Mr. Batchelor. Clinical Lecture. *Orthopaedic Conditions with Neurological Complications.*
28th	T	1.00	Dr. Joiner. Clinical Lecture. *The Nephrotic Syndrome.*
30th	Th	1.00	Mr. Law. Clinical Lecture. *Exophthalmos.*
DECEMBER			
1st	F	1.00	Dr. R. M. Stewart. Clinical Lecture. *A General Practitioner's View of Psychiatry.*

The Theatre Club presents :

21st Nov. to 24th Nov. "Five Finger Exercise. By Peter Shaffer.

26th Nov. to 28th Nov. "Harlequinade." By Terence Rattigan and "Dock Brief" by John Mortimer.

GUY'S HOSPITAL REPORTS

1961. Vol. 110. No. 3

Editors : J. C. HOUSTON
R. H. S. THOMPSON

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NOTICES

Guy's Hospital Society Bournemouth and Wessex

The Sixth Annual Dinner of this Society will be held at the Norfolk Hotel, Bournemouth, on Friday, 15th December, at 8.30 p.m.

Mr. T. L. T. Lewis has kindly consented to attend as guest of honour.

Any Guy's graduate, medical or dental, in the region Hampshire, Dorset, Wiltshire, etc., is cordially invited to attend, and if not already notified may obtain further particulars from me at 75, Wimborne Road, Bournemouth.

N. J. WOOD,
Hon. Secretary.

CHRISTMAS CARDS

Guy's Christmas Cards are available in the *Gazette* Office, 16, St. Thomas's Street, prices : 4/6, 7/6 and 8/6 per dozen. Postage 9d. extra per dozen.

THE USE OF AN INDWELLING PACEMAKER IN THE TREATMENT OF HEART BLOCK

by

I. C. PERRY

This paper is a brief report of the first case ever treated at Guy's with a totally indwelling portable cardiac pacemaker. A more complete report appears elsewhere.

An artificial pacemaker is a device whereby a small electrical stimulus is applied to the venticular muscle at regular intervals. This procedure is sometimes necessary following cardiac surgery when temporary heart block may occur. Heart block it will be recalled is a condition whereby impulses from the Sino Atrial node, are unable to pass down the Bundle of His to the ventricles. This variable condition can be due to many different causes.

In cardiac surgery the Bundle of His may be damaged. This can occur in the repair of ventricular septal defects.

Some of the earliest work on external pacemaking was done by Zoll *et al.* in 1952. Since then, many workers including Leatham *et al.*, 1956, Weirich *et al.*, 1957, Furman *et al.*, 1957, have experimented further and refined the original pacemaking techniques.

Should the need for external pacemaking arise at Guy's, a static machine is used at the bedside with leads going into the chest. The need for these machines does not normally exceed a few days or at the most weeks, for the damaged nervous tissue should recover and normal function take over.

One disadvantage of this form of pacemaking is that the pacemaker works on its own rhythm whereas the atria of the heart may be beating quite independently of the machine. The Physics Department devised an external pacemaker that was triggered off by the atrial impulse the P wave, that was unable to travel down the blocked Bundle of His.

Where disorders of cardiac rhythm are the result of gross cardiac degenerative disease, there is little place for such a measure, as pacemaking may be required for months and in the rare case permanently. Such was the case reported here.

Case Report

Mrs. E. W., aged 73 years.

She was admitted to Guy's in May 1961. She had a past history of dizzy spells in October 1956 and associated visual defects. It was found at this time that she was hypertensive 165/115 and had normal vision. She was otherwise quite fit and was treated with pheno-

barbitone and theobromine. In 1959, she noticed, that as the year progressed that she was becoming limited in her activities by dyspnoea on exertion. In November 1959 she suddenly collapsed whilst standing and lost consciousness for 2-3 seconds. From that time onward, she was subject to very frequent attacks of unconsciousness, and her pulse rate was found to fluctuate between 40-60 beats per minute. E.C.G. records showed that the patient was having varying degrees of heart block. It then became evident that she was suffering from Stokes Adams attacks. The usual medical treatment for the condition failed, and she was admitted to Guy's in an effort to prevent the attacks and to try and restore normal rhythm.

On admission examination revealed a slow pulse of 50/minute which was irregular. Her blood pressure was 165/110. The Jugular Venous Pressure was not raised but occasional "cannon" waves were seen in the neck. Her Cardiovascular system was otherwise normal. Other than a few fine crepitations heard at the bases of her lungs, all other systems were normal.

Numerous invesitgations were carried out and the most interesting finding was that the E.C.G. record showed varying degrees of heart block.

Whilst in Guy's she continued to have many Stokes Adams attacks, five being recorded in half an hour. It was found that the attacks occured when her cardiac rhythm changed from partial to complete heart block. She nearly always had a warning of their onset, and would then lapse into unconsciousness with very deep slow breathing, which when she recovered she appeared to be exhausted and would sleep.

A general diagnosis of ischaemic heart disease was made and she was treated with sympathiomimetic drugs as well as with thyroid and Prednisolone but without success.

The frequency of the attacks completely disabled her and it was thought that if a normal rhythm could be established, she would cease to have the attacks and be able to resume a normal life. The only suitable method that seemed available was to use a pacemaker. It was decided that a totally indwelling portable pacemaker was the best to use. This had not been done before at Guy's. The model chosen to be used was one designed in Sweden by Elmquist. This model consisted of a pulse generator and a 3-year long life mercury battery implanted subcutaneously with two platinum electrodes delivering the stimulus to the myocardium. The pulse generator and battery are embedded in an inert epoxy resin. The small transistorised circuit producing negative stimulation impulses. The weight of the entire apparatus only being 160 grams, it is 22 mm. thick and is 30 cm^3.

The operation to put the apparatus in position was performed by Mr. D. N. Ross. The sternum was split and the pericardium opened. The two platinum electrodes were sutured onto the anterior and posterior aspects of the ventricles and connected by braided stainless steel wires in epoxy resin to the generator. Immediately regular ventricular contractions occurred. The generator was placed in a mid line position in the fascia at the upper end of the rectus sheath just below the xiphoid process, thereby ensuring easy access to it should it be necessary to remove it, either for voltage alteration of expiration of the battery. Her post-operative recovery was marred only by the fact that her

regular rate started to become irregular due to impulses from the S.A. node impeding pacemaker impulses. Digoxin was given to block conduction and slow atrial impulses below pacemaker rate. This succeeded entirely and later E.C.G.'s showed that the ventricles had assumed a regular pacemaker rate of about 72/minute. Steroids were given in order to delay fibrosis around the platinum electrodes.

Six months later the patient is well and has had no more Stokes Adams attacks.

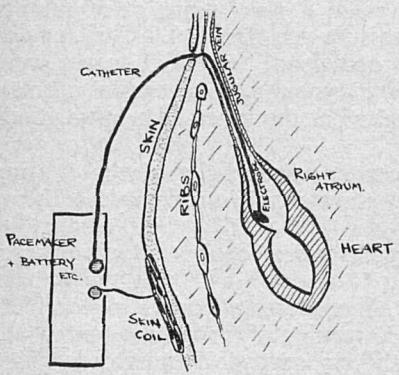

Fig. 1.

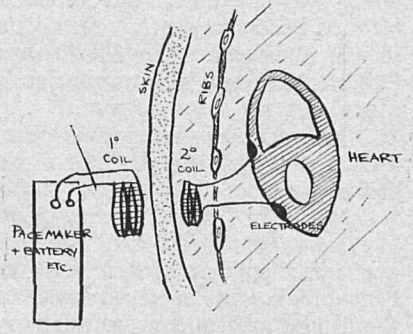

Fig. 2.

Discussion

A number of portable pacemakers exist, all having various points for and against their use.

One type is the jugular vein electrode model (Fig. 1). In this model, a catheter, with a steel braided wire instead of a lumen and with an electrode on the end, is passed down the right jugular vein into the right ventricle (S. Furman *et al.*, 1961). Into the skin of the chest wall is sutured a wire coil which acts as an indifferent electrode. A current is passed between the two at regular intervals so causing ventricular contraction. The main disadvantage of this model is the communication that exists from the lumen of the jugular vein and the external enviroment. This makes prophylactic antibiotics necessary to prevent infection.

Another model (Fig. 2), based on the principle of induction does away with this risk but as in the model used at Guy's, requires thoracic surgery for implantation of the electrodes. In this model, a pair of ventricular electrodes are connected to a subcutaneous coil. Another coil is attached onto the skin surface and acts as the primary coil. The batteries and pacemaker are connected to this coil and a current is induced to the secondary coil (Abrams *et. al.*, 1960).

The main disadvantage in this model is the fact that something has to be carried around externally by the patient and that the primary coil has to be attached to the skin. This is both a physical and psycho-

logical handicap to the patient. This fact is eliminated by use of the Elmquist model (Fig. 3), the only disadvantages being that minor surgery is required should it become necessary to alter the voltage across the electrodes or change the batteries.

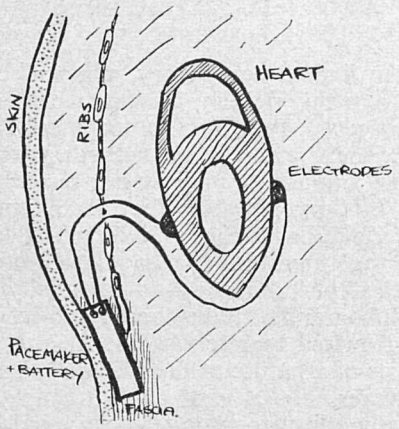

Fig 3.—Elmquist Model.

A question that affects all forms of pacemakers, is the one concerning fibrosis around the electrodes. Very little is known in this field and it is hoped that some further work may be done on this subject at Guy's.

Summary

A brief case report is given of the first patient ever to be treated at Guy's with a totally indwelling cardiac pacemaker. One or two other types of pacemaker and their main disadvantages are discussed.

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TELEVISION AS A PUBLIC HEALTH PROBLEM

Whenever Man finds a new luxury, a means of obtaining a few moments respite from this restless, anxious world, doctors discover it has harmful side effects. Television is our latest national opiate and the time seems ripe for a review of the hazards associated with its use.

A considerable amount of interest has recently been aroused in the medical press by descriptions of the precipitation of epileptic fits by the flicker of television screens (*Lancet*, 28th January, 1961). A search through the literature yields little information on the mechanism of this phenomenon—a potentially important paper on "Electroencephalographic studies on 35 subjects who had suffered seizures during a televised spectacle" (*Rev. Neurol.*, May, 1960), being of doubtful value as of a nature of the spectacle is not described. The condition is, however, not a very disabling one and patients and their families usually adjust to it quite easily: indeed one family was totally unaware that their old grandfather regularly succumbed to the "foaming shakes" after the first ten minutes of "Dotto".

Much has been written about the dangers of radiations, in particular low energy X-rays, emitted by domestic television sets. Urgent enquiries about this matter have been answered by the *Lancet*. "Home-users of television sets are in no danger" providing they do not "regularly handle sets with the screening removed." Therefore, whilst those people who constantly fondle their denuded sets are in jeopardy, those of us who use our television sets at home are safe unless the voltage of cathode ray tubes changes from its present 10 to 20 K volts, or the manufacturers lower their safety standards. Should either of these things happen it has been suggested that all regular viewers in the reproductive period "should refrain from acts conducive to procreation."

Televised sport is now firmly established as an important precipitating cause of angina pectoris, now widely known as the "Saturday agonies". The condition may be treated by a regime of selective viewing; but most patients find this intolerable.

There have been a number of case reports of "prolonged sitting while viewing television causing arterial and venous thrombosis of the legs" (*J. Amer. Med. Assoc.*, 12th October, 1957). People who are predisposed to this condition can be taught a simple routine of leg exercises to promote the blood flow to the lower limb during the I.T.V. advertisements. Those who confine themselves exclusively to B.B.C. must either carry out exercises during certain programmes ("Trad Fad" has been found to be especially suitable) or, they should be encouraged to use pedal-assisted television sets.

The deleterious effects of television on children's eyesight has caused widespread concern. In an important survey of 5,560 children aged 10 it was found that of those who had television at home 15.3% had been prescribed glasses whilst of those who did not have television

only 13.4% had glasses. Some have said that this is a small price to pay for a most important new method of educating our children; others have said that whatever the price, television is a better recreation than bludgeoning old ladies in the street. The same survey found evidence of postural defects in children who spend long hours seated on the floor watching the screen. The most common clinical presentation for these cases is as a syndrome of fixed hyperextension of the neck, hand-to-holster habit spasms and exophthalmos.

In this short article no more than mention can be made of the vast problem of the damaging effects of television on the national psychology: different approaches to this subject are exemplified in papers on "Command-automatism to television in schizophrenics (*Am. J. Psych., June*, 1955); "What television means to a psychotic woman" (*Bull. Menninger. Clin.*, September, 1959), "Television addiction causing reactive apathy "(*J. Ment. and Nerv. disease*, September-October, 1954.) A new approach to the problem of television and mental health was made in a paper on "The use of mentally retarded children in television as a public relations medium" (*Am. J. Ment. Deficiency*, March, 1958).

In addition to the conditions already mentioned there are many cases of television trauma about which the medical press has been strikingly reticent. For example, in the poorer districts of Oldham the closing minutes of "Rawhide" regularly generate such an eruption of flying clogs and pieces of coal that there are always one or more admissions to the local hospital. Recently a china-clay worker in Lostwithiel was severely injured when implosion of a cathode ray tube caused the spontaneous dissolution of his front parlour, whilst a Welsh stevedore, watching all-in wrestling one Saturday, became so entwined with an oak sideboard that it took his doctor and the local cabinet-maker two hours to separate them.

In conclusion, whilst the harmful side-effects of television are many and various their morbidity is still at a permissive level. Should this morbidity increase, the medical profession must give an official warning on the use of television. A glance at the thriving state of the cigarette industry assures one that this would have no effect whatsoever.

D.J.P.B.

OBITER DICTA

Visitor, standing in the courtyard of the College, "Is this the New Block" ?

Patient, looking down at College from the New Block, "What's that ruin down there ?"

Fifty Years Ago

In the *Gazette* of 11th November, 1911, the death of Sir Samuel Wilks was announced.

RESEARCH AT GUY'S

Biology . . . .

Before attempting to enumerate the research projects being pursued in the Biology Department at the moment, it is desirable to say something of the history of the department, for unless its past functions and research traditions are borne in mind, the list of current research subjects might appear to some readers reminiscent of an auctioneer's catalogue which has arrived at the stage of *Lot* 501 "*a washing-up machine, a quantity of garden tools and a case of stuffed birds*". (The new, the obviously fundamental and something apparently of no use to anyone.)

The study of plants, particularly those from which medicines were prepared, played a prominent part in the training of doctors in the eighteenth century and continued to do so until well after the foundation of the Medical School in 1825. Even before the School started, a professional botanist was appointed to teach "scientific botany" to the Physicians' and Surgeons' pupils and "therapeutical botany" was taught by a member of the Medical Staff. Teaching in Comparative Anatomy and Zoology began with the foundation of the School but the classes were not large until the University of London began to confer medical degrees for which Guy's men became candidates; the teachers were all members of the medical staff, several of whom were zoologists of considerable repute. This pattern of teaching changed abruptly when the Conjoint Diploma came into being and students were required to pass an examination in the elements of both plant and animal biology before proceeding to other studies. It appears that it was decided to meet this situation by making a professional biologist (part-time) responsible for this teaching and so in 1886 F. E. Beddard was appointed as the first head of what is now the Biology Department. He was an indefatigable researcher and when he died had written well over 400 papers and books. Beddard was followed by a number of other lecturers, all distinguished by their research and the first four appointed became Fellows of the Royal Society. Zoological research has been with the Biology Department since its birth and in Guy's considerably longer. But what form his research should take has always been a matter for the teacher himself and continues to be so. There has never been any suggestion from "higher authority" that the research carried out in the department ought to be "appropriate" to a medical school. Of the lecturers only Richard Assheton (lecturer 1902-14), a distinguished embryologist, carried on research which would fit the term "appropriate" and he also conducted classes in Embryology for the B.Sc. degree in addition to those for the First Medical Examination. T. J. Evans who followed Assheton made important contributions to our knowledge of the functional morphology of the marine mollusca, a field of biology as remote from medicine as most of us can imagine.

To be free to select a field of research entirely of one's own choice is a privilege greatly to be prized but, nevertheless, in recent years there has been a tendency for those in the Biology Department to select as subjects for research topics which are related, some only vaguely and some more obviously, to branches of biology which are near neighbours of some aspects of medical science. This change has not come about by any form of deliberate revolutionary policy but more suitably by a process of the natural selection of the research subjects, and is probably to be accounted for under several heads.

Firstly, the fact that the appointments of the members of the staff of the department are now full-time. We are University teachers who are expected not only to teach but to advance our subject by research, and this research is carried out at Guy's. Being full-time at Guy's, inter-departmental contacts between members of staff are more readily achieved than in a Science Faculty where each department usually has its own front door, and discussions with colleagues frequently highlight those areas of the landscape where medicine and biology walk hand in hand, and these are more numerous than is often recognised.

Secondly, an influence which must be mentioned is the change in the pattern of teaching which the department has to provide. Recent alterations in the examination regulations have resulted in many students being qualified by the study of biology at school to proceed directly to anatomy and physiology, and the number we have to teach for the First M.B. has declined. This has made it possible for the department to take part in the courses for the B.Sc. Special Honours Degree in Anatomy, and in the teaching of comparative anatomy several members of the staff have been enabled to bring together teaching and research interests in a way that was not possible previously. Another development which may have a profound effect on the future direction of the research is the institution of the M.Sc. degree in Radiation Biology and Radiation Physics for which we now teach.

This introduction may appear somewhat discursive but it is only fair to those concerned to make clear the relationship which their research interests have with their teaching. I hope this has been done and we will now start the very heterogeneous list of research topics by mentioning the work of our palaeontologists which, while it is restricted in its details to a comparatively small part of vertebrate history, emphasises the importance of time in evolution, a factor to which many comparative anatomists have paid scant regard. We hope that our B.Sc. Special Anatomy courses give a balanced view of comparative anatomy as interpreted in the light of the fossil record. While fossils themselves have been the basis of science fiction as in "The Lost World" evolutionary hypothesis based on comparative anatomy without palaeontology rapidly becomes science fiction also.

Fossils provide the visible proof of evolution; their study shows the course of evolutionary change but palaeontology does not, in itself, tell us why such changes occurred or what forces acted to produce them. One of the outcomes of such studies is the demonstration that frequently similar changes occurring almost contemporaneously have

taken place in clearly separate lines of descent; this is "parallel evolution". Dr. C. Patterson is working on the bony fish (*Teleostei*) of the *Upper Cretaceous* period (represented in England by the Chalk) and has recently been awarded the Ph.D. degree for his study of the large collection of these fossils in the British Museum (Natural History). To this group belong the large majority of the extant bony fish which inhabit both fresh and salt water all over the world and, as is well known, these fish are of all shapes and sizes and some of quite fantastic appearance, as is the sea-horse. Dr. Patterson has been concerned to trace the origin of this great diversity from simpler ancestors and in so doing has found several examples of parallel evolution and likens teleost history, not to the popular branching "evolutionary tree", but "to a diagram of a railway system with a number of parallel lines originating from a points system some way back along the track". This type of evolution is not confined to fish but is found also in mammals, and some palaeontologists suggest that some other explanation than Darwinian "natural selection" is needed to account for it. Dr. Patterson considers that the advanced teleosts of today are descended from more than one group of primitive teleosts.

(Those to whom the railway analogy appeals may care to extend it by noting that in pre-amalgamation days several populous parts of the country (*e.g.*, South London and South Wales) were served by individual branching systems. These had their origin at the termini of two or three distinct companies, from each of which branching, but distinct tracks, which frequently ran parallel to each other, arrived at the same destination. Sometimes the routes were not exactly parallel and the map which shows their course can be likened to a rather similar phenomenon known as "convergent evolution".)

The main interest of Dr. J. Griffith is a group of older fish, the "Sub-holostei" which flourished in the *Triassic* period when reptiles were beginning to make their presence felt and during which the first dinosaurs appeared. He has made a specialized study of one family, the Saurichthyidae, in which he has described new species and sorted out others previously confused. At present he is engaged on reporting on a large collection of such fossils from the Vienna Museum of Natural History. Jointly Drs. Griffith and Patterson are preparing the description of a holostean fish, perhaps related to an ancestor of the early teleosts, from material they obtained while on a collecting expedition in Dorset.

We now turn to an animal which has almost no fossil history; the lamprey, more primitive than any fish, lacking the jaws and the paired appendages of all the remaining vertebrates. The anatomy and physiology of these creatures which have no visible spleen but which have an anticoagulant saliva have interested many biologists; the study of the blood-vascular system and its development in these animals is a particular interest of Dr. E. W. Baxter; he has also investigated the distribution of lampreys in Southern England and the factors which control this distribution.

Direct community of interest between research and the elementary First M.B. class is rare. But about 20 years ago a student in such a

class asked for an explanation of the then current textbook account of the mode of action of the heart of the frog and the mechanism by which the blood entering through the two auricles is kept from mixing in the single ventricle and distributed in a very precise manner as it leaves the heart. The more I thought about the account the more certain I was that it was incorrect, not least in that it assumed that the frog occupied a place in the evolutionary history of the vertebrates that was quite contrary to the palaeontological evidence. This chance question lead to an interest in the vertebrate circulatory system, particularly in the heart, which has widened as the years have gone by. At Guy's I have been joined in some of this work by Dr. J. Griffith, and by members of the department who have now left including Miss Myfanwy Price and Dr. John Simons (Endowments Fund Research Fellow).

A variety of animals with incompletely divided circulations have been investigated including frogs, toads, salamanders, lizards, terrapins, crocodiles and chick embryos. Some of our results have been published and others require further work, it is not easy to establish foolproof methods of introducing dyes into the circulation of small animals and embryos and much time is occupied with method. I believe that the best way of tracing a circulation is to inject the smallest possible quantity of a radio-opaque dye and to follow the passage by radiography. Injection techniques with small animals tend to be tricky and it has been difficult to devise one to inject dye into the circulation of a chick embryo of seven days incubation in such a way that the yolk (which is very radio-opaque) does not conceal the passage of the dye and the embryo does not detect the interference. I think this problem has now been solved for us thanks to the co-operation of Dr. J. P. M. Bensted (Honorary Lecturer in Pathology) and Mrs. Rosalind Kent whose main work is dealt with below.

The frequent use of radiographic methods means that we have a little "know-how" on the radiography of small animals and from time to time are able to assist others outside the department over such matters. Some years ago, Dr. K. E. K. Rowson who was working in the Pathology Department asked us to help in visualizing the pathway by which substances injected into the dorsal lymph-sac of the frog passed into the blood stream. We used the radio-opaque medium "Thorotrast" (a colloidal suspension of thorium dioxide) and we saw not only how it got into the blood stream but also how it left it, for it was phagocytosed by the cells of the reticulo-endothelial system. As in mammals, the liver and spleen played an important part in this removal and storage, but we also noted a number of other shadows in our radiographs which called for further explanation. After the publication of our preliminary results, the Endowments Fund Sub-committee made funds available for a full-time worker to study the reticulo-endothelial system in these lower vertebrates, and Mrs. Rosalind Kent was appointed. It is not possible here to record more than a very brief outline of the course that the work has taken since then; it has been established that in the main the mechanism of phagocytosis is similar in lower vertebrates and mammals and that drugs that stimulate it in mammals have similar effects elsewhere. This

is of importance in that it greatly increases the number of types of laboratory animals that can be used in the present search for non-oestrogenic phagocytic stimulants. Mrs. Kent's results on the development of the power of phagocytosis in the embryo chick have already been published and she has been able to show that it arises much earlier than has hitherto been supposed. Her work here was mainly of a qualitative nature and she is now continuing with some quantitative studies in the Zoology Department at Nottingham University. She has been succeeded by Miss Geraldine Morris who is attempting to elucidate some apparently curious differences between the course of phagocytosis between male and female frogs; as these differences show an annual cycle and the frog has an annual breeding cycle, and as oestrogens are known to stimulate phagocytosis the differences observed may be real, but this remains to be proved. She is also studying phagocytosis by cinematography.

The diffuse nature of the splenic tissue of lampreys has already been commented on, and at this lower end of the vertebrate scale this work meets with that of Dr. Baxter who has joined in the reticulo-endothelial research in relation to these animals.

Phagocytosis is not, however, confined to vertebrates; it is a property of all animals and Mr. B. J. Rickard has made a detailed study of the fate of Thorotrast injected into earthworms. Our knowledge of the excretory processes of earthworms, an account of which is given to elementary students, is largely based on rather old experiments in which indian ink and other coloured particles were injected. Mr. Rickard is investigating the various pathways by which the small colloidal particles injected into the coelom of the worm are removed, These include passage through the nephridia, transport by phagocytes which accumulate at the hind end of the worm and storage in "kidneys" of accumulation. The yellow chlorogogen cells surrounding the intestine, which are to be equated functionally with the liver of vertebrates, also play a part in this process of elimination. This work involves the recognition of Thorotrast particles amongst many others of similar appearance and autoradiography, for Thorotrast emits α particles, is a convincing technique which is used. By these methods details of the elimination of foreign particles from the coelom, which have for long been obscure, are being clarified.

This must end the account of research in the Biology Department. It is rather lengthy but as indicated at the beginning a list reading :—

1. Reticulo-endothelial system
2. Heart of lower vertebrates
3. Fossil Fish,

would hardly have indicated the part research plays in the overall life of the department.

G.E.H.F.

OBITER DICTUM

MR. FLOOD: "I am employed as the official heretic to the Obstetrics Department."

Medicos Look At . . .

"It is strange that the work of modern Italy's greatest artistic genius should still be so little known in Britain." Perhaps *The Observer* (10-8-61) was exaggerating Luchino Visconti's genius. It certainly did not exaggerate the general ignorance in Britain about him although it may be added that directors of films, with a few exemptions, are not well known even to regular cinema-goers. The National Film Theatre had a season of his films during September and October and at present *Rocco and his Brothers* is running simultaneously in two cinemas in the West End. One may recall that he was responsible for a magnificent production of *Don Carlos* at Covent Garden three years ago and this opera is being performed again during the current season.

Everyone recognizes that Visconti introduced "realism" into the Italian cinema. That was the importance of his *Ossessione* made in 1942. The film was based on an American novel *The Postman Always Rings Twice* by James Cain. The background of the story of ordinary people was set in the Po valley and this was a shattering break from the sentimental drawing-room comedies of the Italian films of that time. The result was that the film was banned because it appeared to the authorities that it was revolutionary. They preferred to hide this depressed aspect of Italian life. Visconti began the movement which led to the outstanding Italian films of the early post-war years such as *Open City*, *Paisa* and *Bicycle Thieves*.

Apart from the background of *Ossessione*, his left-wing views were not very explicitly expressed. This is not surprising since the film was made in fascist Italy. His next film *La Terra Trema* (1948) which has been shown on two occasions at the National Film Theatre is a remarkable documentary about Sicilian fishermen. One uses the word "documentary" because there are no stars in the film. The local fishermen and their families are the actors and they even improvise their own dialogue. The story is about the attempt by some of the workers (the fishermen) to get out of the hands of the unscrupulous wholesalers, and its failure. As in all his later films, Visconti conveys his enormous sympathy with and feeling for the poverty-stricken peasant and worker. The failure of the family to overcome their problems and their ever-increasing poverty are not portrayed in order to shock, but rather to show that human beings try to overcome their difficulties, and if they fail it is not their fault and they should not be blamed. Blame can be attached only to the unsympathetic and the unhelpful and also to the social conditions in which people live.

La Terra Trema leads naturally to *Rocco and His Brothers*. Like *Ossessione*, *Rocco* created a social furore and there were near-riots in Milan when the film was shown there. Because the background of the film is Milan the local public prosecutor tried to have it banned. Italy appears to have many more public bodies likely to object to a film or play or book, and censorship there is much more active and

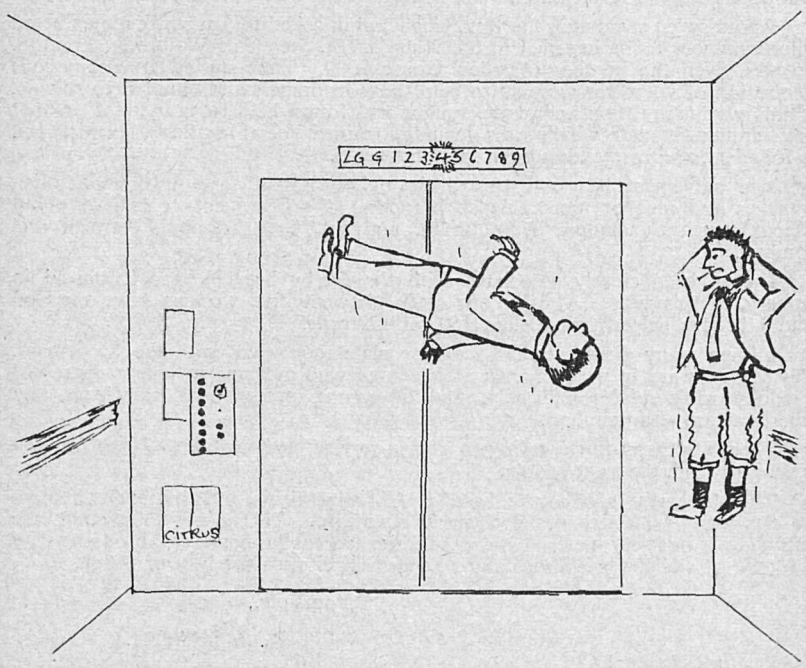
widespread than in this country. It should also be remembered that Italy is the only country in Western Europe with increasing cinema audiences and that films play a much larger role in the entertainment of the Italians than in most countries. The story of *Rocco* is that of a family which moves from a depressed agricultural area of the south to the more prosperous industrialised city of Milan. Visconti is constantly emphasing the oppressive inhuman atmosphere of the city and it was this to which the Milanese took exception (apparently there were no problems regarding the showing of the film in Rome) although it has a scene of rape and subsequent violence which was the excuse for trying to ban the film. In spite of their difficulties, the family consisting of a mother and five sons manage to survive and even in some ways prosper but it is the individual characters of the mother and her sons which engage our attention. Katina Paxinou has been said to overact as the domineering matriach. Her shouting, laughing, crying, despair all seem exaggerated but I am sure this type of working class mother is not so rare in Italy. Her acting can be compared with that of Anna Magnani at her most explosive. It is almost an amusing thought to imagine Edith Evans or Peggy Ashcroft having to play this role.

It is the contrast between Simon and Rocco which is the hub of the story. Both become boxers but Simon is the sinner and Rocco the saint. They get involved with the same woman and Simon's love is almost obscene as compared with Rocco's which is pure, undefiled and even uplifting since it would result in the woman giving up her life as a prostitute. Simon quarrels with his family and brothers and goes rapidly downhill and Rocco keeps rescuing him and always forgives him. In the end Simon murders the prostitute while the family is celebrating Rocco's victory in a boxing match. The important thing about the film is not the contrast between good and evil in these two brothers, but the emphasis on the social background which affects the way people behave. The background scenes of the big city and the more explicit references to the effects of uprooting families from their familiar surroundings make one constantly aware that Visconti is not saying "This man is wicked. That man is good". An individual's moral make-up is the product of his environment and innate personality. Society can influence the environment and is responsible to a greater or lesser extent for every individual's outlook on life. Perhaps Visconti is too prone to use violence in this film but he claims that the violence is part of "the morality of the film", and by the use of violence he emphasises the struggle of the individual against the ferocious atmosphere of the competitive society of industrial, urbanised Italy.

Of his other films *Belissima* (1951), *Senso* (1954) and *White Nights* (1957), the last is probably the best in his creation of atmosphere. Most of it is filmed in semi-darkness, in rain and in snow and one can almost feel the wetness and the cold. In this film as in the others, especially *Belissima*, one realizes how deeply concerned Visconti is with people as individuals. The child-actor in *Belissima* is a human being deserving respect and the mother's (Anna Magnani) realization that her child must not be handed over to the tender mercies of film

magnates is the climax of the film. Publicity and money become less important than the fact that the natural frightened behaviour of the child provoked laughter.

In addition to his interest in and treatment of people, Visconti uses the natural background of the places depicted in his films—Sicily, Milan, the Po valley—to emphasise his realist approach. He has a fine sense of the effect of emptiness and space as well as of people crowded together, although he cannot accept a landscape by itself. It is people who interest him and as he himself said, "A wall can only be beautiful in a film if there is someone in front of it: otherwise it says nothing." The odd thing is how frequently this type of shot literally appears in his films. Both his treatment of his subject matter and the way in which he films it justify the suggestion in *The Times* that "the cinema today offers a greater challenge than ever before to the young intellectual".



CORRESPONDENCE

Letters to the Editor of the Gazette

The Rugby Ball

SIR,—We should like to announce, through the courtesy of your columns, that the Rugby Ball this year will be held at Quaglino's, Bury Street, St. James's, on Thursday, 7th December, from 8.30 p.m. to 2.00 a.m.

Double tickets will be four and a half guineas (Students three and a half guineas), and are obtainable from the Ball Secretaries, c/o Front Lodge. Cheques should be made out to Guy's Hospital Rugby Football Club (dance account).

Yours etc.,

W. J. DRAGE,
T. J. HUINS,
R. W. T. MYALL,
Hon. Ball Secretaries.

Guy's Hospital, S.E.1.

Samaritans 1961

SIR,—I should like to take this opportunity of informing *Guy's Gazette* readers of this movement. Many who follow the National Press will have already seen the reports of the highly successful Oxford Congress and the proposal to form a National Association.

About seven years ago, the Rev. Chad Varah asked for an easily remembered 'phone number to be installed in the vestry of St. Stephen's Walbrook, London. He was given the number Mansion House 9000. Thus started an anonymous association of volunteer workers to help those in despair and tempted to suicide. In this way many thousands have sought and found help from the staff in that City church—a staff which now includes trained social workers, counsellors, be-frienders, and many advisers in specialist fields.

The movement has now spread throughout Great Britain (three Scottish branches and nine or more English branches), the Continent—I believe about fifteen branches including West Berlin, and yes, even Istanbul, Karachi and Bombay.

I have been closely associated with the Derby branch since it started in January of this year. Already our staff of twenty-five workers have received (and I believe helped) more than 150 serious calls.

I hope many Guy's readers may associate themselves with the Movement. The branches are in need of men and women who are able to give a distressed person sensible advice and help, and of course, professional knowledge and experience are at a premium.

There are many towns trying to start a service, and unable to do so for lack of support from the right people.

The Movement is, of course, based on Christian ideals, and all branch directors are clergyman (although not exclusively Anglican). This is not to say that the help given is not very material and practical; eventually, however, an opportunity is found to lead many without any standards back into the way of Faith.

Yours etc.,

R. P. SNAITH.

The Pastures Hospital,
Mickleover, Derby.

Miss L. Coombe

SIR,—May I take up a small space of your journal to convey my warm and deeply sincere 'thank-you' to all my friends and colleagues at Guy's. Firstly, for the very happy years spent in their midst, and secondly, for the lovely token of their affection received. I would briefly say that I have never been happier than when working in the Boro', alongside Guy's and all it means to the people. It has been a joy and privilege to help wherever possible, and if anybody feels better for my little drop in the ocean, then I am happy.

Thank you all so very much—may God bless you.

Yours etc.,

L. Coombe.

8, Belsize Lane,
Hampstead, N.W.3.

The Diagnosis of the Floppy Infant

SIR,—The confusion in nomenclature, diagnosis and prognosis of the "floppy infant" was stressed by M. D. O'Brien in the last issue of the *Gazette*. Some of the difficulties might be emphasized even further.

The greatest problem around the group of infants in whom muscular weakness and hypotonia are the only features. Classification is unsatisfactory since neither the site of the lesion nor the cause is known and since prognosis is often unpredictable. If there is a scarcity of knowledge, there is certainly no corresponding paucity of nomenclature ! Under the circumstances one might observe the precedent established by Sir Arthur Ellis for Bright's disease. Clinically a natural subdivision is evident. Type 1.—Those that remain stationary or get better. Type 2—Those that get worse. Each type probably consists of several distinct entities but attempts at sub-division according to scanty criteria has only increased confusion. Type 1 includes Amyotonia (Myatonia) Congenita, (Oppenheim, 1900), Benign Congenital Hypotonia (Walton 1956), Benign Congenital Myopathy (Turner 1940, 1949), Congenital Universal Muscular Hypoplasia (Krabbe, 1956), and type 2 Infantile Spinal Muscular Atrophy or Werdnig-Hoffman's disease.

Follow-up studies have shown that it is often impossible to predict to which of these groups the patient belongs (Brandt, 1950; Ford, 1952; Walton, 1956). The long cherished belief is no longer tenable that in type 1 symptoms are present at birth whilst in type 2 the onset is in the second six months. Walton has pointed put that fasciculation of the tongue, respiratory distress and absence of spontaneous movement favour type 2. Muscle biopsy is not diagnostic (Greenfield, *et al.*, 1958; Wolf, 1960), but a normal result is more common in type 1. Atrophy of the muscle fibres may be seen in both conditions, though it occurs more frequently in type 2. Electromyography also yields equivocal results but a myopathic response is rarely seen in type 2.

There is little justification for including Amyotonia Congenita under spinal muscular atrophy, since Oppenheim drew attention to the fact that in "his disease" hypotonia was a transitory condition. We now know that follow-up showed some of his cases to be progressive (*i.e.*, type 2), and that some cases show neuronal degeneration in the spinal cord. Surely, however, we must respect the eponym and reserve it for the clinical sub-division of type 1.

Finally, in Mr. O'Brien's list of symptomatic hypotonia one might replace the somewhat esoteric condition of vitamin E deficiency by mongolism, pink disease, infantile hypercalcaemia and hypokalaemia. More research is needed before the prognosis of "floppy infants" can be accurately determined. Follow-up of patients who have had full investigations including examination of nerve and muscle tissue for enzyme abnormalities, and for structural changes by light and electron microscopy, may eventually lead to the recognition of specific patterns of prognostic significance.

Yours etc.,

P. F. BENSON.

Guy's Hospital, S.E.1.

M. D. O'Brien writes :—

To divide these conditions into two groups: type 1 (stationary) and type 2 (progressive), adds further to the morass of nomenclature without clarifying the issue. This differentiation would appear to be a simplification for clinical purposes; but it is of doubtful clinical value, since in most cases it would be a retrospective diagnosis. Cases would change from type 1 to type 2 and vice versa with repeated clinical assessments; furthermore a more accurate diagnosis of the particular condition is necessary in order to "type" the case. Diagnosis of these patients is principally histological and electromyographical, not clinical. On these grounds diagnosis of the commoner types can be made with reasonable assurance. Some more detailed classification is required against which the problem cases can be considered; and into which histological patterns and E.M.G. findings can be fitted. It is appreciated that more accurate diagnosis is of little clinical value, since treatment is symptomatic (as with so many partially understood conditions), and that prognostication is one of the greatest problems facing the clinician, for the division between statutionary and progressive is ill-defined and difficult to determine. There is also the danger that further attempts at elucidating a more accurate diagnosis might be obscured in practice by these arbitrarily chosen groups.

The classification proposed by Dr. Benson is really no different from the one repeatedly proposed by Walton (1956, 1957, 1960), who makes three groups:

1. Infantile Spinal Muscular Atrophy (Benson type 2).
2. Benign Congenital Hypotonia (Benson type 1).
3. Symtomatic Hypotonia.

Group 2 includes Turner's non-progressive myopathy (Turner 1940, 1949), and Krabbe's universal muscular hypoplasia. These may in fact be the same condition, and may be due to an immaturity of the neuromuscular apparatus (Woolf and Till 1955, Coers and Pelc 1954).

Dr. Benson is quite correct in pointing out that Oppenheim described a non-progressive condition; my only justification in using his name to describe a type of Infantile Spinal Muscular Atrophy was that follow-up of his cases (Brandt 1950), showed that the vast majority were in fact progressive, and that most of these were due to a spinal atrophy. Perhaps it would be better to drop this confusing term (*i.e.*, Oppenheim's amyotonia congenita), as suggested by Walton (1960), and substitute benign infantile hypotonia as a convenient "holding" diagnosis, pending more accurate diagnoses.

In compiling a brief list of the many causes of symptomatic hypotonia, I thought it of interest to include the theoretical with the mundane.

REVIEWS

The Medical Management of Acute Poisoning. By GORDON CUMMING. Cassell. *Price* 10*s.* 6*d.*

This inexpensive little book should be read by all senior medical students as it provides a useful practical handbook on the treatment of acute poisoning, which is such a problem for casualty officers and house physicians. The book is not a list of poisons and antidotes. It deals mainly with general principles and then applies these principles to the treatment of the numerically more important poisons, namely barbiturates, carbon monoxide, salicylates and alcohol. Other poisons are grouped into a single chapter, and only those requiring specific antidotes are considered. There are also interesting chapters on poisoning in children and on the psychiatric management of cases of attempted suicide. The author writes with experience gained in a "suicide unit", and as a result gives a very practical account.

For this reason, and also because it is up-to-date, this book should be read by students in preference to the chapters on poisoning in general textbooks.

M.H.D.

Drugs in the Treatment of Disease. B.M.A., 1961. *Price* 35*s.*

"Pick of the Pops?" or "Your Hundred Best Pills?" Or am I insulting the editors of this book?

Drugs in the Treatment of Disease consists of a selection from a series of articles (revised where necessary) which first appeared in the *British Medical Journal* between 1958 and 1960. It contains a wealth of information, carefully and concisely presented and useful to the general practitioner, houseman or student.

The styles of the essays are as varied as their numerous, and often distinguished, authors. Usually several drugs for a particular disease are considered and their relative merits stated. Only the more common conditions find a place. Since the full regime of treatment (by rest, diet, and other measures) is not dealt with, these facts must be sought elsewhere. In exceptional but important classes of drugs, such as the hypotensive agents, an article on the pharmacology of the products precedes one on prescribing. This leads to some repetition of, for example, toxic effects. However, each essay is complete. Some articles, such as that on vasodilator drugs, are encumbered by the quotation of numerous reports on their efficacy.

But a glance at some of the titles—Insomnia; Intractable Pain; Prescribing for Old People—will indicate to the prospective buyer that this is a valuable book. He will be right.

M.A.C.

Lecture Notes on Pharmacology. By J. H. BURN. 6th Edition. *Price* 8*s.* 6*d.*

If a textbook is brief it is half way to success. If it is also clear, adequate, well set-out and cheap it leaves a reviewer with little to do except make the routine comments—"The illustration on page 84 was rather . . .", "It must surely be a misprint on page 105 but . . .". Taking these as read all that remains is to decide whether this book has a place on the shelf of the average medical student. Although it was written for the preclinical course at Oxford it will probably be of little value to a preclinical student here, unless he should find himself faced with the necessity of learning the entire Pharmacology syllabus in one day. But during the clinical period, when retrograde amnesia for second M.B. is almost complete, this small book will be found invaluable as an adjunct to a textbook of Medical Treatment.

D.J.P.B.

SPORT

[*We apologise for having misrepresented the final score in the Guy's v. Cheltenham match of* 28*th October. Guy's won* 6-5, *and did not lose* 5-6—ED.]

RUGBY

Guy's v. Old Blues

At H.O.P. 4th November, 1961

Result—Lost 14-16

Following a fine win at Cheltenham, Guy's approached this match with confidence. Within 2 minutes Egwuatu picked up a loose ball and went over in the corner. This inspired the side throughout the half and, despite Old Blues equalising with a 35-yard penalty, continuous pressure from our forwards, who were consistently winning scrums and were positively tigerish in the loose, showed results. Biggs converted a penalty and then a try by Bryant following a fine cut-through by Edgar. Bryant, Lloyd-Edwards, Evans, Smith and Brown, were always prominent and Biggs and Edgar showed incisiveness and speed.

The 10 minutes following half-time showed a remarkable reversal of form. Our forwards lost their cohesion, and the outsides their confidence, and Old Blues equalised with a goal and a try. Our side rallied and Edgar scored a remarkable try by bending, croquet-hoop-like over the despairing dives of three defenders. Edgar now figured very prominently in defence, but further Old Blues pressure led to a try in the corner, beautifully converted. A relieving dribble by Biggs supported by Egwuatu, unfortunately finished in touch and Old Blues finished the game on our line.

On reflection, it was disappointing that a game we should have won should have been lost by lack of co-ordination in the second half when facing the wind. The second successive home defeat by 2 points was quite different in character *from the first—in this case we appeared over-*confident after starting so well. However, it cannot be disputed that the general attractive and spirited approach of the XV at the moment deserves more support.

Team : R. Myall; E. Egwuatu, D. Biggs, C. Wright, J. Bernard; J. Edgar, M. Murray; J. Hockey, B. D. O. Smith, J. Davies, R. Brown, P. Peace, S. C. Evans, A. Lloyd-Edwards, J. D. Bryant.

Guy's v. Aberavon

At Aberavon 11th November, 1961

Result—Lost 0-14

A visit to Aberavon R.F.C. is always a rewarding experience for any Rugby enthusiast, player or spectator and this year's game was no exception.

The home club, who were Welsh Champions last year when they humbled Guy's by scoring 68 points in two games, again have a well balanced side and are hopeful of retaining their Champion status. Very efficient new flood-lighting has been installed and despite persistent rain from beyond the overlying hills, a good crowd of spectators gave wholehearted vocal support to the game, encouraged no doubt by the knowledge that Sunday drinking had just been approved for the area.

In the opening minutes, Aberavon's confidence was disturbed by Wright's determined tackle on their centre, and this served to effect their tactics which relied increasingly on cross-kicks and playing back to the forwards. After 10 minutes, a break by the Aberavon scrum-half followed by a dubious pass led to a try in the corner, splendidly converted. The Hospital remained on the defensive, in which Bernard's fielding and catching indicated his cricket prowess; Murray and Edgar covered with notable effectiveness; the back row tackled usefully and with vigour, and Myall gave a typically cool and confident display. Hopes of turning round at half-time with only a 5 point deficit were upset when a penalty given for alleged tripping, was converted.

Continued forward pressure after half-time by Aberavon resulted in a try in the corner, although the scorer appeared to have a foot in touch-in-goal. Halfway through the second half, the lights were put on and the white ball produced. This animated the Hospital, who shook off their defensive shackles and started to attack. With Treadwell hooking smartly, ably supported by Hockey and Davies, and Peace (playing his best game for the Hospital) beginning to win the ball from the line-outs, Aberavon were hard pressed for 10 minutes. The local crowd were now supporting the Hospital and they simmered over when another penalty for obstruction, was converted (14-0).

This concluded the scoring, but not our spirited play against this very strong side. Guy's have demonstrated before their ability to rise to the big occasion, and they certainly did in this game. From the run of play, Guy's seemed to be inspired by the lights—perhaps all our games should be played later in the afternoon !

Team : R. W. Myall; E. Egwuatu, D. Biggs, C. Wright, J. Bernard; J. Edgar, M. Murray; J. Hockey, W. Treadwell, J. Davies, R. Brown, P. Peace, S. C. Evans, A. Lloyd-Edwards, J. D. Bryant.

BOAT CLUB

The crews to be entered in the United Hospitals' Winter Regatta at Putney, on Wednesday, 22nd November, have now been selected. The Junior eight, being coached by I. C. M. MacLennan and T. N. D. Peet, is undergoing hard training with outings of between 7 and 15 miles three times a week and two sessions of circuit training in the gymnasium each week. Two Junior Fours and a Novices Four are also being entered.

Soon after this regatta, the 1st, 2nd and 3rd eights will be selected to train throughout the winter months for the Easter Heads of the River Races. Any further oarsmen who would like to be considered, or any novices who wish to learn to row, will be very welcome at the boat-house at Chiswick within the next few weeks.

Officers for the Season 1961-1962 :—

President : Mr. J. W. Mansie.

Vice-Presidents : Professor R. Knox.
Mr. F. Law.

Captain : C. D. Hawes.

Vice-Captain : C. A. C. Pickering.

Hon. Secretary : D. K. C. Cooper.

Hon. Social and Fixture Secretary :
T. N. D. Peet.

GOLF CLUB

U.H. CUP RESULTS

2nd Round

Guy's v. The Middlesex

Result—Guy's 5, The Middlesex 0

Team : T. G. Tetlow, P. Sievers, D. McCoy, J. Iles, M. J. Brummitt.

3rd Round (Semi-Final).

Guy's v. St. Mary's

Result—Guy's 4, St. Mary's 1.

Team : T. G. Tetlow, P. Sievers, D. McCoy, M. J. Brummitt, P. D. Gedge.

SQUASH RACKETS CLUB

Match results :

Cumberland Cup

Guy's v. St. Thomas's Hospital

Away 31st October, 1961

Result—Lost by 5 matches to 0

D. J. H. Richmond lost to A. Chignell 2-3
(7/9, 9/4, 0/9, 9/6, 3/9).

W. A. Norman lost to I. Dowdeswell 0-3
(0/9, 1/9, 4/9).

P. F. Sievers lost to B. Webster 2-3
(9/3, 1/9, 6/9, 9/7, 5/9).

C. Chantler lost to J. Bowen 1-3
(10/8, 8/10, 0/9, 5/9).

J. G. Hunt lost to P. Preece 1-3
(9/5, 1/9, 6/9, 1/9).

Guy's v. London School of Economics

Home 2nd November, 1961

Result—Lost by 3 matches to 2

D. J. H. Richmond beat C. Isarangkun 3-2
(6/9, 9/5, 7/9, 9/3, 9/4).

W. A. Norman lost to M. Gibbs 2-3
(8/10, 9/7, 9/6, 8/10, 8/10).

C. Chantler beat D. Norburn 3-0
(10/8, 10/9, 9/7).
S. McCall lost to J. Emmett 0-3
(1/9, 5/9, 0/9).
A. Martin lost to R. Allen
(3/9, 7/9, 5/9).

Guy's v. Barclays Bank D.C.O.

Home 7th November, 1961

Result—Won by 5 matches to 0

Team : D. J. H. Richmond, P. F. Sievers, C. Chantler, W. A. Norman, T. A. M. Stoker.

Guy's v. Queen's College, Cambridge

Home 11th November, 1961

Result—Won by 4 matches to 1

D. J. H. Richmond beat K. Moody 3-2
(9/4, 6/9, 4/9, 9/0, 10/8).
P. F. Sievers beat N. Faulks 3-0
(9/0, 9/7, 9/7).
C. Chantler beat J. Ware 3-0
(9/3, 9/6, 10/9).
T. A. M. Stoker beat M. de C. Sadler 3-2
(9/0, 9/5, 3/9, 7/9, 10/8).
C. Newman lost to A. Christie 2-3
(9/5, 3/9, 9/4, 6/9, 4/9).

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st February, 1962. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and The Bethlem Royal and Maudsley Hospitals. Applications should be made by **2nd December, 1961,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the post of **Lecturer or Senior Lecturer in the Department of Dental Medicine.** Salary in the range £1,350 to £2,200 per annum for a Lecturer, or £2,000 to £2,400 (bar) x £100 to £2,700 per annum for a Senior Lecturer, according to qualifications and experience, with superannuation and Family Allowance. The appointment will be for a period of one year in the first instance, and date from 1st October, 1962. Application should be made on a form, to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **Tuesday, 5th December, 1961.**

GUY'S HOSPITAL

Applications are invited for the following **Dental House Surgeon Appointments** for the period **1st January, 1962, to 30th June, 1962.**

General Duties:	7 vacancies.
Resident (General Duties):	2 vacancies.
Children's Department	2 vacancies.
Prosthetics Department	1 vacancy

Applications should reach the Superintendent not later than **Friday, 24th November, 1961.**

Candidates may apply for any of the posts advertised and should indicate their preference. They will not be considered for any post for which they do not apply.

NURSING NEWS

Entered :
Sister W. Witham to *Recovery Ward.*
Sister P. Bisley to *New Cross Theatre.*
Staff Nurse J. Lees to *Diplock.*

Left :
Sister M. A. Lloyd from *Nuffield House.*
Sister R. Ringer from *Theatres.*
Sister Rossie from *Nurses' Home.*

GUY'S HOSPITAL MEDICAL SCHOOL

THE LESLIE HILLMAN PRIZE IN HAEMATOLOGY

September, 1961

The following award has been made :

Prize — J. A. Child

PASS LIST

UNIVERSITY OF LONDON

Faculty of Science

Ph.D.

R. C. Smith

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

J. A. Dyde

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

October, 1961

Part I.—Surgery

P. Bloor	Valerie A. Moody
R. Boggia	J. D. R. Nicholas
G. T. Cheney	J. J. Ostrowski
C. Clegg	A. Owen
K. A. Crawford	P. J. Phipps
C. H. Foryth	M. C. Ribeiro
I. N. Garside	D. H. Richards
D. E. Gibbons	H. R. Rippon
L. P. Harrison	D. A. S. Roberts
P. Holst-Roness	E. V. Roberts
A. J. Hooper-Greenhill	S. I. M. Robinson
Mary M. E. Hunter	A. M. G. Rounsefell
D. H. Lynn	J. A. Smith
Frances A. Macgregor	R. C. Sullivan
Elizabeth A. Manley	J. D. Taylor
E. G. Mann	A. Tullis
L. R. O. M. Marten	J. T. Weedy
J. W. Mellors	A. G. Winchester

Part II.—Dental Surgery

J. L. Alexander
C. Ashworth
E. W. H. Browne
Helen E. E. Cash
P. A. Chamberlain
J. V. Collins
D. C. Cox
I. G. Crossman
G. Dexter
P. M. Everett
Monika Friedmann
G. T. Green
Jennifer A. Hall
P. J. C. Hargraves
M. R. Heath
N. J. D. Hodges
E. M. Hoskins
M. J. Iles
E. D. Jones
S. K. Khanna
D. A. Leighton-Goodall
P. J. Leopard
P. W. Mead
M. J. Mitchell
J. Neale
J. D. O. Parkholm
H. W. Preiskel
R. C. G. Rowe
Patricia M. Ryder
J. F. Sharp
A. J. Simons
N. Stamp
K. A. Sutcliffe
Sylvia Tee
Anita R. Thomas
W. T. Treadwell
W. G. Webb
A. M. Wengraf
R. V. Westlake
H. A. Wilen
J. L. Williams

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Acheson, Roy M. and others. Cortisone and Tuberculin as Adjuvants to Streptomycin and Isoniazid in the Chemotherapy of Experimental Tuberculosis in the Guinea Pig. *Amer. Rev. respir. Dis.*, 1961, **83**, 753.

Adams, C. W. M. A Perchloric Acid-Naphthoquinone Method for the Histochemical Localization of Cholesterol. *Nature*, 1961, **192**, 331.

Birch, Doreen A. Laryngeal Stridor in Infants and Children. A study of 200 Cases. *J. Laryng.*, 1961, **75**, 833.

Camps, Francis E. Chemical Tests for Alcoholic Intoxication. *Practitioner*, 1961, **187**, 707.

Currie, J. A. Presidential Address at the Annual General Meeting (M.A.S.A.). *S. Afr. med. J.*, 1961, **35**, 845.

Davis, R. Harvard. The Parathyroids after Thyroidectomy. Unsuspected Partial Hypoparathyroidism following Thyroidectomy. *Proc. R. Soc. Med.*, 1961, **54**, 970.

Forgacs, P. and another. Methods for Measuring Pulmonary Dysfunction in Children. *Postgrad. med. J.*, 1961, **37**, 601.

Gibbs, A. E. A Pilot Trial of 'Geriden', in a Geriatric Unit. *Practitioner*, 1961, **187**, 681.

Holden, G. and Kendall P. Hume. The Newer Corticosteroids for Local Injection. *Ann. phys. Med.*, 1961, **6**, 178.

London, David. Extensive Restorations. *Brit. dent. J.*, 1961, **111**, 332.

Macdonald, I. Ambient Temperature and Depot Fat Iodine Number in Children. *Nature*, 1961, **192**, 363.

Mant, A. Keith. Carbon Monoxide Poisoning. An Unusual Case. *J. for. Med.*, 1961, **8**, 134.

Penikett, E. J. K. High-Vacuum Sterilizers : A Note for Surgeons and Others Considering New Sterilizing Equipment for Hospitals. *Canad. med. Ass. J.*, 1961, **85**, 886.

Pegum, J. S. Lymphocytoma and Lymphosarcoma. *Proc. R. Soc. Med.*, 1961, **54**, 1022.

Van't Hoff, W. and others. Hypopituitarism Associated with Intracranial Aneurysms. *Brit. med. J.*, 1961, ii, 1190.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

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CHANGES OF ADDRESS

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Dr. and Mrs. M. J. S. Langman, 11, Tibbets Close, Inner Park Road, London, S.W.19. (Tel. Putney 9141).

G. L. S. Rankin, M.R.C.O.G., "Crosslyn," Elm Walk, Farnborough Park, Kent. (Tel. Farnborough 51405).

MARRIAGES

MEADOW—MACLENNAN.—On 16th September, 1961, at Chorley Wood, Herts., Roy Meadow, B.M., B.Ch., to Gillian MacLennan.

BIRTHS

FOX.—On 24th October, 1961, to Gaye (née Akker), and Wallace Fox, M.D., M.R.C.P., of 32, West Hill Court, Millfield Lane, Highgate, N.6—a son (Adam Marc).

DEATHS

DAVIES.—On 27th October, 1961, David Davies, M.R.C.S., L.R.C.P., of 14, Neath Road, Resolven, Glamorgan. Aged 66.

DREW.—On 7th September, 1961, Albert John Kingman Drew, M.R.C.S., L.R.C.P., of Coombe Mavis, Culverdon Down, Tunbridge Wells, Kent.

HANNAY.—On 16th August, 1961, Sir Walter Fergusson Hannay, M.R.C.S., L.R.C.P., of 55, Harley Street, London, W.1.

KIDMAN.—On 28th October, 1961, George Edwin Kidman, M.B., B.S.(Lond.), Physician, Derbyshire Royal Infirmary, of Park Nook, Quarndon, Derby.

ERRATUM

Hedley J. Missen, M.B., B.S., 132, Bodmin Road, Chelmsford, Essex. Telephone number is Chelmsford 57936.

EDS. { R.A.S. D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1914 *2nd December* 1961 *One Shilling*

PASSIM

THE mortality associated with crossing St. Thomas' Street remains surprisingly low. Having made a study of the density and speed of traffic moving towards the Borough High Street during periods of enforced waiting on the northern pavement we are driven to the following conclusions. The policeman at the Borough High Street end of the street has sole control over the movement of the long line of traffic which stretches past the Hospital gate. The volume of north and south-bound traffic in the morning and evening is such that he can let through the intersecting traffic from St. Thomas' Street at a very slow rate. The situation is complicated by cars fighting their way through the Hospital gates into the stream of vehicles going west. This is bad for both morale and paintwork.

So the south-bound pedestrian is at present faced with three courses of action. If he is among the intrepid minority he can dodge his way through the moving line. If he does this he should be reminded that after prolonged waiting a moving lorry is a difficult thing to stop, and there may be a nasty little scooter on the inside lane, waiting to pounce on anyone emerging from behind a moving vehicle. The second course he can take is to wait until all is relatively quiet, then squeeze between the huge radiator of the lorry behind and the muddy trap-door of the van in front. Or thirdly, he can live in the West End and approach the Hospital from that angle, where things are better organized. Best of all a zebra crossing would solve all problems. If it was situated just east of the gates, not only would pedestrians be able to cross safely at relatively small inconvenience to traffic, but by intelligent cooperation between pedestrian and driver, cars coming out of the gates might find it easier to find a gap in the stream.

Finally, if the police or Borough Council will not provide a zebra crossing, cannot the Public Health Department prescribe one ?

Sophie was born on 6th December, 1873, one year after the foundation of *Guy's Hospital Gazette*, one year before the birth of Sir Winston Churchill. She will be eighty-eight on 6th December, 1961.

At the age of 20 she left her home in the West country, coming straight to Guy's where she has since remained; at the time (the end of the 19th Century) the Hostel with which she was to become such

an intimate associate was a stable and relief-post for the horses of the horse-drawn carriage company. The Ghetto, nocturnal recreation ground for Hostel residents, has since, and perhaps aptly, replaced the original stables.

Sophie worked for sixteen years as a ward-maid before going to the College, and ever since that time she has spent her life in the service of residents in the Hospital grounds. Before the war the Old Hostel was turned into a home for laundry maids, but more recently accommodation for nurses became a problem, and during the war a few moved into the building. The Old Hostel was founded after the war in 1948, and Sophie moved from the College to look after the students.

Her name has become a household word; hundreds of Guy's men remember her with affection and esteem. On her eighty-eighth birthday on 6th December we would like to wish her every happiness.

It does sometimes pay to understand what you are talking about.

Our article "Television as a Public Health Problem", in the last issue, seems to have caused quite widespread concern. We intended it as a gently humourous comment on some isolated reports of diseases caused by television: some people apparently took it as an official statement on a matter of national importance. *The Daily Telegraph* printed extracts from it without comment. Some of their more discerning readers must have been a little nonplussed when they read that the "hospital authorities" were recommending pedal-assisted television sets to prevent thrombosis in the legs. The *Evening News* was worried and asked for an official statement: we told them that the incidence of "fixed hyper-extension of the neck with hand-to-holster habit spasms and exophthalmos"—a television induced syndrome of children—was not yet high enough to merit public alarm. The *Daily Mail* doubted the validity of some of our findings.

Our statement that "in the poorer districts of Oldham the closing minutes of 'Rawhide' regularly generate such an eruption of flying clogs and pieces of coal that there are always one or more admissions to the local hospital" resulted in a public protest by the Mayor of Oldham and two town councillors. "Rawhide lash makes a town hopping mad" ran the headlines in the *Daily Herald.* "People are trying to make another Wigan out of us" expostulated the Mayor. "We have no record of any such cases" said a spokesman at the Royal Infirmary.

However, the reporter of the *Oldham Chronicle* did in fact read our article. He agreed with us, and furnished some more details. "Clogged and shawled, the natives—most of whom scrape a miserable living as knockers-up—carry the injured to the medicine men who live at the grey, grim workhouse. There the wounds are treated with tripe compresses, and the victims are fed with a diet of black puddings and chips until the recovery."

And there it ended. Civil war was averted—at least until Wigan hears what Oldham said about it.

IN BRIEF :

We would like to congratulate Arthur W. Ormond, C.B.E., F.R.C.S, Consultant Ophthalmic Surgeon Emeritus, on his ninetieth birthday on 8th December. Mr. Ormond was one of the leading ophthalmologists of his day and did a great deal of public work in this capacity, particularly during the first world war.

Nurse E. M. Portsmore has won the *Nursing Times* Case Study Competition with a paper on 'Patent Ductus Arteriosus'.

GUY'S DIARY

DECEMBER			
			Exhibition. Department of Surgery. *Obstructive Jaundice.*
4th	M	1.00	Mr. Ingram. Clinical Lecture. *Normal Bone of the Jaws and its Changes in Disease.* (Dental Theatre).
5th	T	1.00	Dr. Bishop. Clinical Lecture. *The Change of Life.*
7th	Th	1.00	Dr. Hind. Clinical Lecture. *Pre-Operative Assessment.*
8th	F	1.00	Mr. Cooke. Clinical Lecture. *The Mechanism of the Oral Manifestation of some General Diseases.* (Dental Theatre).
8th	F	1.00	Dr. H. A. Constable of the Medical Protection Society. Lecture. *The General Medical Council.*
9th	S	10.00	Departmental Round conducted by Mr. F. R. Kilpatrick, M.S., F.R.C.S., in the Clinical Theatre, New Guy's House.
11th	M	1.00	Mr. Kinder. Clinical Lecture. *Cutting for the Stone.*
12th	T	1.00	Dr. Baker. Clinical Lecture. *Coronary Artery Disease : I.*
14th	Th	1.00	Mr. Wass. Clinical Lecture. *Undescended Testicles.*
18th	M	1.00	Department of Medicine. Films: (1) 'Physiology of the natural and synthetic adrenal steroids'. (2) 'Oral diuretics in clinical medicine'.
19th	T	1.00	Mr. Eckhoff. Clinical Lecture.
21st	Th	1.00	Dr. Hardwick. Clinical Lecture.
22nd	F	1.00	Mr. O'Neil. Clinical Lecture. *Third Molars* (Dental Theatre).

NOTICES

The Quodlibet Society

The Quodlibet Society will hold a meeting on Tuesday, 5th December, at 8.0 p.m. in the Quiet Games Room. Mr. Marcus Morris, Director of the National Magazine Company, will speak on "The Newspaper Monopolies. A tale of big fish and little minnows." He has considerable knowledge of this subject, being at present the sole survivor of a host of woman's and other glossy magazines which the greedy Daily Mirror group have swallowed.

Other speakers invited to visit the Society this year include Sinclair Eustace, Professor Titmuss and Anthony Hopkins. All members of the Hospital and their friends are most welcome on these occasions.

CHRISTMAS CARDS

Guy's Christmas Cards are available in the *Gazette* Office, 16, St. Thomas's Street, prices : 4/6, 7/6 and 8/6 per dozen. Postage 1/- extra per dozen.

SOPHIE

Photo. D. Allen)

See Passim.

RESEARCH IN GENERAL PRACTICE

By JOHN FRY, M.D., F.R.C.S.
General Practitioner, Beckenham, Kent

Why research in general practice ? Until the last decade it was generally assumed that general practice was a most unlikely and unprofitable place for any form of medical research. The very character of general practice with its close and personal doctor-patient-relations and the preponderance of less serious and more chronic diseases were considered almost impossible features for interesting studies. During the past 10 years the increasing volume of published reports of research from general practice have shown that it is quite possible to carry out such investigations in this field.

One can quite justifiably go further and state that research in general practice is essential for its continuing development. It is very necessary as a stimulus for all doctors working in this field as well as to those who actually carry out the investigations. In addition to these rather broad reasons, research in general practice will contribute useful knowledge to medical progress and to an understanding of disease and patients.

Opportunities and Scope

The opportunities for research in general practice are almost limitless. The list of suitable subjects depends only on the interest and the enthusiasm of the doctor.

The true *natural history of disease* is best studied in general practice. It is only here that the doctor is able to observe the course and progress of disease in individual patients for many years on end. Working within the relatively static community of his own practice he is able to watch his patients with peptic ulcers, rheumatoid arthritis, hypertension and coronary artery disease over the years and to relate their course to many factors. He is able to follow the wheezy children to adolescence and adulthood and to note that only a very small minority become asthmatics. He requires no elaborate system of records to do this, merely detailed clinical notes that are the custom in all medical work.

The general practitioner is the first medical person to be consulted in most illnesses and he is therefore in an excellent position to study the *early stages of disease*. He is able to record the earliest symptoms and signs of malignant disorders and infectious illnesses and he has opportunities to relate such observations to preventive fields.

Working as a true family doctor he is able to study the fascinating relationship between disease and *social, personal, emotional and environmental influences*. Why should certain types of his patients present with such and such syndrome ? Knowing and living with his patients he is in an excellent position to understand his patients' backgrounds and personal problems and relate these to the symptoms they present.

In a similar way he is well able to study the *epidemiology* of disease. Not only infectious illnesses such as influenza and the newer

viruses that are being isolated and defined, but also the epidemiology of the non-infectious illnesses such as chronic bronchitis, hypertension, epilepsy and others.

Only a small proportion of sick people come to hospital. The general practitioner with adequate facilities is well able to look after more than 90 per cent. of all the illnesses in his patients. There is, therefore, a mass of unstudied and uncharted "*non-hospital diseases*" to be studied and defined. Then there is need to study the ways in which the doctor is working—*operational research*. Is he working in suitable premises ? Is he using the correct methods ? These questions are waiting for answers and they are very important answers that will influence future developments of general practice and medical care.

These then are some of the opportunities awaiting the research workers in this field and fortunately there is evidence that these opportunities are being taken up.

Achievements

If there are any who doubt whether research in general practice is possible or useful they have only to look at published work to convince themselves of this.

The College of General Practitioners which has a very active research group with 700 members on their Research Register who have already taken part in research, or expressed their desire to. The College has recently published a report on a nation-wide study into chronic bronchitis. It has reported on the value of antibiotics in the management of measles and together with the General Register Office it has published a series of reports on Morbidity in Great Britain. Other reports have included the use of cervical smears for early diagnosis of cancer, on night calls, on Farmer's Lung and other subjects.

The Medical Research Council also has a Committee on Research in General Practice and have carried out investigations on acute otitis media, convulsions in children and staphylococcal infections in the home.

A number of individual workers have carried out studies on influenza, hypertension, migraine, anaemia, peptic ulcers, Bornholm disease and the common respiratory infections. This is evidence of what has been done but there is much more to be done in the future and it is here that there is a great need for help and co-operation from those interested in research in other fields, including the teaching hospitals.

The Future

Research in general practice in Great Britain has reached a critical stage. It is noteworthy that we are far ahead of other countries in this respect: only in Australasia and Holland is any planned research being carried out. We are leaders in this field but we need help to maintain this position.

Up till now research in general practice has been carried out by enthusiastic amateurs who have shown its potentialities. These men have undertaken their studies in their spare time with simple equipment and little if any assistance. Research in general practice is based on the same principles as elsewhere. It is just as necessary to

know about statistical methods and about planning and analysis. There is, therefore, need to train future doctors who are keen on research in general practice in these ways. What is even more important is that there is a need for closer collaboration between general practice and other academic units. There are many mutual benefits for both sides.

General Practice Research Units should be established with trained and experienced workers. These units should have close relationships with university departments and carry out studies together. It is only in this way that the next stage of development of general practice research will be successfully achieved, namely, that of more professional research in depth, using statistical and other research methods in general practice. In addition to developing research, such closer associations between general practice and teaching hospitals will also help in teaching undergraduate and postgraduate students.

WHY SCIENTISTS TALK

This lecture was the second of three British Association "Granada Lectures" on Communication in the Modern World. Professor Herman Bondi of King's College, London, emphasized the need for Scientists to meet and talk together informally about their theories.

Twenty-five years ago it was said that scientific theories can never be proved—they can only be disproved. One of the most famous theories which had stood the test of much observation, experimentation and 200 years was Newton's Law of Gravitation. Einstein's Theory of Relativity has now superceded this. Scientific communication at the moment is not easy. Papers are written by a scientist working in his own corner of his own particular field and many points he makes may not be easily understood by someone working even in a similar field. His familiarity with the highways and byways of his own subject makes him like the untravelled yokel in his village—unable to appreciate the stranger's difficulties. Independent Referees and Editors of the Journals demand changes in the paper and eventually many months may elapse before publication. By this time he is deeply involved in some other problems !

Thus, while the impersonal printed paper is needed for a permanent record of scientific advances, personal contact between the workers is needed. This of course requires travel—and money. Financial support for these meetings is only given to the man who takes part in the conference so that these are spoilt by numerous, partly comprehensible ten minute papers ! There is little chance for small groups to discuss their theories informally point by point. Professor Bondi regards this informal discussion as most important for scientific progress whether it be in a bar, while climbing a mountain or even going for a swim. He regrets that a vocational education such as medicine requires so much factual learning and leaves little time for the really important education of student by student in discussion and argument as exists in the Arts and Classical subjects.

N.J.B.

THE THEATRE CLUB

Five Finger Exercise (Peter Schaffer)

I enjoyed the Theatre Club production of "Five Finger Exercise" by Peter Schaffer, a play which must have required courage to choose, as the members of the Club come from within a narrow age range, and as the play is about at least two generations with a small girl added as a chorus.

Louise Harrington should be the play's main pillar, with the strength of a stupid but powerful woman. Miss Anita Barltrop as Louise, dressed in what I am reliably informed is a series of her private hunting kits, could not by her physical movements or appearance give us the impression of a woman in her forties. The only occasion that she lost the appearance of being a cardboard body was when she told Walter the life story of her husband and herself.

Mr. Michael Simpson, on the other hand, at once established his overwhelming confidence soon after his entry talking loudly with his mouth full of scrambled eggs. This confidence provided a suitable rock on which other members of the cast could grow theirs during a rather tame scene in which the characters and the problems were presented to the audience in a pedestrian way. I do not think this was the fault of the producer, but a basic weakness in the structure of the play itself. Characters entering one by one to breakfast is an opening almost as hackneyed as one in which the curtain rises on an empty set, the telephone ringing.

After this scene the production moved on admirably, aided by a very fine ambitious set, designed by Miss Fiona Wills. This was a set on two levels which really worked, and the effect of a landing, given by a three foot rise upstage, was clever. It allowed the audience to enter this claustrophobic household and to watch the members of the family moving each other about like pawns, displacing or capturing each other. Mr. Mark Rake must be congratulated for moving his characters so vigorously about a tiny central acting area, in which spindly tables and bright red and green colours so accurately reflected the slightly rich. There was so much furniture, however, that some of the more crowded scenes became an obstacle race; in particular it seemed to spoil any spontaneity in the fight between Clive and Pamela.

Mr. Rake seemed frightened of allowing his characters to pause. Nobody, except perhaps the eminent doctor who gave the interval speech on Wednesday night, conducts a conversation without an occasional pause for thought. Running sentences together gives an unrealistic effect, and occasionally lines are completely lost to the audience. For example Louise says "My mother used to say 'Fields are for cows, drawing-rooms are for ladies' . . . it sounds better in French." Miss Barltrop threw the last five words away.

As Clive, Timothy Davis was outstanding. His tall, ungainly and unsure body proved an excellent vehicle for the unhappiness of early adult life. The best scenes of the play were those in which Clive was trying to communicate with his father, the worst were the almost

incestuous scenes between mother and son, but these we can blame on the author. In this production, however, they seemed even more prurient because of the obvious youth of both players.

Miss Patricia Field had a most attractive part as Pamela, in which she was entirely uninhibited and delightfully youthful. With the aid of a two level set Mr. Rake was able to keep her outside the conflicts of the family so that she provided interludes of normality with her tutor Walter, quietly played by Mr. Denis Simler. A word of congratulation must go to him for his voice alone, almost imperceptibly German. Mr. Simler gave us a Walter, servile in station but dominating the household, partly because of his intelligence, and partly because as a new-comer to the family all members saw him as an ally.

Those who scorn amateur dramatic societies should not disregard the Guy's Theatre Club. This was an excellent production.

A.H.

DOUBLE BILL

The Dock Brief (John Mortimer): Harlequinade (Terence Rattigan).

The amateur critic of an amateur production is in a curious position. It is not for him to criticise the play—that has been done already—but its choice and he is expected to say something nice about everybody. Moreover his credentials are suspect. If he sees only amateurs, his judgment will be stunted, and if he has come only out of a sense of duty it will probably be worse. The Theatre Club did well in its selection of plays—both are delightful and well within its compass, for it is wrong for an amateur group to choose a play which requires very skilful acting to be successful, or to resurrect some dreary tract which is bad philosophy and worse theatre in an effort to be "intellectual." All the acting was passable and some was good. What is more, everyone was audible and nobody swallowed his last lines, which is by no means universal in the professional theatre of today.

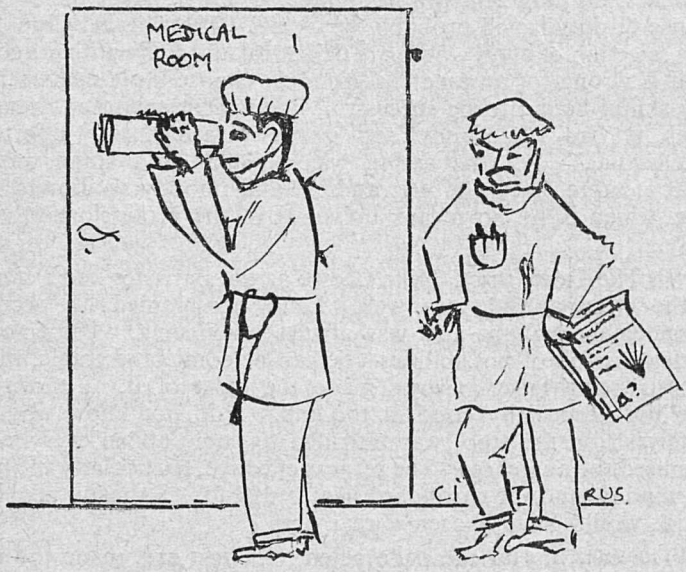
In The Dock Brief, Mike Crowe as the Barrister and Peter Leney as the criminal did very well. Leney maintained his accent and character throughout and was always convincing. The role of the barrister is full of possibilities—he can be comic and tragic, theatrical without being false. Crowe made the most of it. I thought they were both especially good at the end. I do not know whether the whitewash on the stool was intended to come off on everybody, but it amused the audience. The set was effective, particularly the portable cell window and the cardboard iron bedstead. So many people, I am afraid, would have chosen a real one.

The cast in Harlequinade acted with zest and made the most of their lines. Full-blooded acting was not out of place. The characters were meant to be histrionic. (I suppose in a few years time the Method will have put a stop to the full-blooded actor). For want of something more obvious to criticise I listened to the dialects carefully. Naturally

they broke down at times. (Perhaps the location should have been shifted from the Midlands to Bognor Regis !) I liked Iain Reid and Jean Parker as Gosport and his wife and Lynne Cooper as their Aunt; (the old lady passed out magnificently). Jean Parker was uniformly good but Reid might have improved some of his straight lines. John Storrs got realistically flustered as the stage manager and Irene Askey simpered effectively as the secretary. In their smaller parts Roger Davies, Tim Cheesman, Matthew Lewis, Howard Harrison, Richard Ramage, Jackie Hawley, Graham Dubock, Keith Hughes, Alison Preston and Peter Cox did not disgrace themselves, whilst the setting was quite professional.

Stewart Cameron and Brendan Hicks are to be congratulated on their productions and they were not let down by their back stage staff. I liked the programme cover and a cup of coffee compensated for the absence of a bar. Though there was room for improvement there was no need for apologies. I enjoyed myself thoroughly and so did the audience.

W.R.M.



"I THINK I CAN SEE A CASUALTY OFFICER."

HOW THE LIFE OF A HOSPITAL PATIENT MIGHT BE IMPROVED

By A NURSE

To make a hospital patient's life happier amd more comfortable there are many changes which could be suggested, but before doing this many factors have to be taken into account. What would please one patient might displease another, so as much as we should like to treat everyone as an individual and supply all his wants, the remaining patients must also be considered and a happy medium reached. In addition, the time and number of medical and nursing staff have to be remembered, as well as hospital expenditure, when thinking of new additions for the patient's comfort.

To begin with, I think that a little more thought towards each and every patient from most of the medical staff would be appreciated by both patient and nurses. It is a difficult task to explain to a patient, and not easily accepted by him, that the reason for the house surgeon not seeing him one day during his morning round is because the surgeon is very busy and considers the patient well enough not to need his attention that morning, when the real reason is simply that the house surgeon wishes to avoid this particularly difficult patient. A little more explanation to the patient about his complaint, and on surgical wards both pre- and post-operatively, would make the enlightened patient happier, and avoid him not knowing which part of his internal anatomy was removed. I think the patient would be happier and more co-operative if he fully understood the purpose of his treatment.

As regards the nursing, more consideration could be shown to the patient before carrying out various treatments. Most patients understand, and are willing to accept the fact, that if they come into a large teaching hospital the nurses have to learn by watching and experience. However I am sure that it would be appreciated if the patient were always asked if he would mind another nurse watching. Also, there should be no more than two nurses, only one if possible, at one time, so that the patient would not feel quite so much "on show". Another point in nursing care is that before going to a patient to carry out any treatment the nurse should fully understand what and how she is to perform it; indecision and speculation give the patient a feeling of insecurity and many doubts as to whether or not he is safe. Junior nurses especially must feel confident that they know exactly what to do and if not they should be given a detailed explanation or be accompanied by a senior nurse, before approaching the patient.

A little arrangement in the ward and hospital routine would make many patients' lives happier during their stay in hospital. There is little opportunity for many of the patients to have even one hour's quiet rest during the day, which they often find necessary, especially when they may not have slept too well during the night. If the ward could be closed for one hour, *i.e.*, between 2 p.m. and 3 p.m. on weekdays, to all physiotherapists and students, unless the treatment or investigation is essential, then the patient would have time to have a short afternoon nap. Another problem is that even when this can be achieved, the wardmaid finds it a most suitable time to polish the

floor with the noisy electric polisher. Lights out at 9.30 p.m., just half an hour extra (or at least allowing the convalescent patients a little more time to watch the end of a television play which began earlier in the evening) would make many patients much happier. For long term patients, week ends at home might be encouraged more, as it enormously improves the morale of the patient and makes him more tolerant when in hospital. It seems a great pity that occasionally a patient feels he is almost being "turned out" of the ward because there is another patient already in his bed before he leaves in the evening. Perhaps better organisation by the admitting office could be achieved and so avoid this unpleasant situation. Also, on admission, each patient should receive a full explanation of the main ward rules and routine so as to make the newcomer feel happier and not so terrified. Introduction to other patients is essential and should be performed by the nurse who admits the patient, as this is a great comfort, particularly to the shy, nervous patient. A lot of patients would appreciate being in a small ward of about six beds, as it is often quieter, there is more privacy, and a homely atmosphere.

Food is a very important point in the life of a hospital patient. An improvement would be something with a more attractive appearance, but not necessarily fancy, and some of the dishes could be tastier. The three-course evening meal is often too much for a patient who has been in bed all day and consequently feels the effect of not having had so much fresh air or exercise as he normally has. This is particularly so in the case of women. A nutritious soup, followed by cheese and biscuits, or milk pudding, would be preferred by many.

A few additions and substitutes in the ward property could improve the patient's comfort. Lightweight water jugs would be preferable to the heavy glass ones, as many patients in bed find it impossible to lift the latter. On some of the wards a more plentiful supply of clean bed linen is necessary, as the sheets, and particularly the pillow cases, often look very limp and grubby long before they can be changed. The nightdresses would be more comfortable, and less revealing, if they were made slightly longer and kept in better repair. Often, a nightdress has only one or no buttons at all, and is useless. For male patients, it would be much nicer if the pyjamas could be kept in pairs of the same colour and pattern. For patients who come in as an emergency and have no personal toilet equipment, proper flannels, instead of pieces of lint, would be cheaper and better. More vases in the wards are very necessary, as it always happens that the freshest flowers have to be left in the flower room sink until other patients allow their withered flowers to be discarded, before there is an empty vase. A few more footstools would make life easier and more comfortable for the patient, especially in wards where operations for varicose veins and other surgery on the lower limbs have been performed. Extra armchairs for the ward, to be used as bedside chairs for patients sitting out of bed for a short time would add to their comfort, and avoid other patients having to sit on the hard wooden chairs in the day room. To enable some patients to read, especially those who for some reason are unable to hold their books, a few book rests would be a welcome addition to the wards.

CORRESPONDENCE

Letters to the Editor of the Gazette

'Nursing News'

SIR,—Although readers of the *Gazette* know that Miss M. A. Lloyd retired from Guy's Hospital on 30th October, after 23½ years of loyal and devoted service to the Hospital, they may not know that Miss P. Smyth, known to many of them as Sister Christopher, has been appointed to take her place. Unfortunately for us this appointment will be of very short duration, for Miss Smyth has just announced her engagement, and although it is sad that Guy's is to lose yet another senior member of the Nursing Staff, her news will give untold joy to many, and she has the good wishes of us all.

Miss Lloyd's wonderful service to Guy's Hospital is known by countless generations of Guy's men and nurses, and by patients from all over the world. When she left the Hospital she was looking forward to a well earned rest and a welcome from her many friends in South Africa whom she will be visiting during the coming months.

On 1st January, Nuffield House is losing another well known figure—Miss L. Puddifoot, the Night Sister since 1955; she has been appointed the Assistant Matron in charge of the Convalescent Homes in Skegness. With the golf course at hand, and her home so near, she will, at last, be able to enjoy her leisure to the full, and she too takes with her our good wishes for happiness and success in her new appointment, after her 24 years of loyal service to the Hospital.

From the Matron's Office we are losing Miss G. Schofield, the Second Assistant Matron, at the end of November. Although Miss Schofield has only been at Guy's Hospital for 18 months she has left her mark, but we are pleased that the House Committee approved the promotion of Miss P. Jowett to replace her, and the appointment of Miss J. Bennett, at present the Sister in charge of Naaman Ward, as the Third Assistant Matron; she joins the Matron's Office Staff on 1st December.

Yours etc.,

J. ADDISON,
Matron.

Matron's Office,
Guy's Hospital, S.E.1.

'De Profundis'

SIR,—It is with interest that I see my name in the Obituary List of the Current Directory of Guy's men. I wish to point out that I am still alive, but rather recently have taken up a whole-time appointment—hence probably the reason for your error. The puzzle of the decline in my private practice is now explained.

Yours etc.,

CYRIL A. CLARKE,
Reader in Medicine.

Department of Medicine,
The University of Liverpool,
Ashton Street, Liverpool 3.

Carol Service

SIR,—May I draw attention to a Carol Service to be held in the Hospital Chapel on Thursday, 7th December, at 7.0 p.m. This is to be conducted by the Hospital Chaplain and the Rev. John B. Taylor, Vicar of Henham, will speak on the meaning of Christmas.

It is our desire that this should be regarded as a Hospital Carol Service, and people from all departments of the Hospital community are warmly invited.

Yours etc.,

ROBERT J. HART,
Hon. Secretary, Guy's Hospital Christian Union.

Guy's Hospital, S.E.1.

Guy's Hospital Music Club—'Acis and Galatea'

SIR,—Last year the Music Club produced Henry Purcell's opera 'Dido and Aeneas'—This year the well known masque 'Acis and Galatea' by Handel is being performed.

Two performances will be given on Friday, 8th December, and Saturday, 9th December, in Southwark Cathedral Chapter House, St. Thomas's Street, at 7.30 p.m. on each night. It is hoped that everyone in the Hospital will make the effort to attend one of these two performances, and so ensure the success which last years production met with.

Tickets are available from W. H. Smith & Son, Ltd., Hospital bookstall, from the Secretary, Music Club, Guy's Hospital, and from members of the choir and orchestra.

Yours etc.,

Medical School,
Guy's Hospital, S.E.1.

R. L. STRICKLAND,
Hon. Sec. Guy's Hospital Music Club.

The Floppy Infant

SIR,—May I be allowed to intervene in the O'Brien-Benson correspondence on the "floppy" infant in an attempt to illuminate the focal point of the discussion. Dr. Benson has sought to formulate a classification of this syndrome analogous to that of Ellis and Wilson's of Bright's disease. He should remember, however, that their simple conclusions were derived from following through patients over many years from the onset of their illness to either recovery or the post-mortem room. It was from these detailed correlations between functional disturbance and structural damage that they gained sufficient information to infuse some confidence into prognosis at the onset of the disease.

It is only in recent years that the techniques of muscle biopsy have begun to yield information as precise as that which could be obtained by Ellis and Wilson about the structural condition of their patients' kidneys. These techniques are, moreover, used only in two or three centres in this country. They are not used at Guy's at the present time, although they are capable of being mastered in a relatively short space of time by anyone interested. These techniques, even as they stand at present, are capable of yielding information about the nerve and endplate structure which would be of very considerable value if they were more commonly practised. They could provide the structural background to the "floppy" infant syndrome that certainly exists in a proportion of cases, and they would allow us to make correlations upon which the skeleton of a classification could subsequently be constructed. Until this is done it is probably pointless to look to enzyme studies or electron-microscopy for help, seductively all-revealing though these may seem from without.

Mr. O'Brien is perfectly right in enjoining caution in this matter and in discouraging over-simplification, which gives false confidence. It is far better to state plainly that there is no satisfactory classification and will not be until the methods capable of giving the right information are used. Walton's classification adequately indicates this, for it stresses that if nerves are affected the outcome is poor; that some get well for no good reason; and that some of the cases are the result of some general disease elsewhere in the body. This is a fair statement of our present knowledge.

Yours etc.,

J. B. CAVANAGH.

Department of Pathology,
Guy's Hospital Medical School, London, S.E.1.

The Landon Tea Party

SIR,—May I once again appeal to the generosity of your readers ? On 22nd December, we are holding the Landon Tea Party and hope to entertain about 200 children. Subscriptions towards this, also books and toys (new ones please !) will be most welcome.

Yours etc.,

DORIS CHRIMES,
Out-Patient Sister.

Guy's Hospital, S.E.1.

REVIEWS

The Essentials of Paediatric Surgery. By H. H. NIXON and BARRY O'DONNELL. Heinemann, 1961, pp. 315. *Price* 40*s.*

In this short book there are 42 chapters which together include nearly every important topic in paediatric surgery, and since the views expressed derive largely from the Hospital for Sick Children, Great Ormond Street, it is not surprising that they are all sound. There are plentiful photographs and diagrams to illustrate the text and a few references are given after each chapter.

The book is written in a narrative and unsystematic colloquial style, which frequently lacks precision and obscures the excellent subject matter. Brevity is achieved by selective omission of parts of the subject which the reader is supposed to know, and the lack of orderly headings makes for a dreary layout in some places. The book is thus full of interest for a reader familiar with the subject, but not so suitable for the undergraduate who is trying to learn it.

R.L.

Home Treatment in Injury and Osteoarthritis. By W. F. TUCKER. E. & S. Livingstone. *Price* 10*s.* 6*d.*

This monograph is devoted to the assembly of a simple programme of therapy which may be carried out by the patient at home.

It is divided into two sections. The chapters of the first part are concerned with the indications for home treatment of musculo-skeletal disorders arising from postural and occupational strain, injury and osteoarthritis. Preventive and therapeutic measures are discussed, many of which can be practised simply at home. This first section is intended primarily for the doctor as a guide to treating his patients, and also contains some practical notes on plaster splints and backache.

The second part termed "Leaflets for Patients" may be obtained separately by the doctor or patient, and if required as individual leaflets. This part describes to the patient simple principles of home treatment and correct posture, and is followed by schemes of exercises for individual joints, each on a separate leaflet, which are well illustrated by diagrams.

The book can be recommended as a helpful aid to both the doctor and patient, but it should be emphasised that it is intended for the home therapy of the patient and not as a comprehensive guide for the medical or physiotherapy student.

J.B.M.

SPORT

RUGBY

Guy's v. London University

At H.O.P. 15th November, 1961

Result—Guy's Won 9-8

Faced by a London University side with impressive wins over St. Mary's, London, and St. Thomas's, this was an important prestige match for Guy's. E. Price came into the side in place of Treadwell, who was not available, and Gourley replaced Brown—injured at Aberavon.

Guy's started the match convincingly and took a grip of it that they never released. After ten minutes Murray made a fine break from a scrum and good support was finished by Biggs sending Egwuatu over in the corner. Better things were to come, for shortly after a splendid movement from a line-out on the half-way line a break, involving Lloyd-Edwards, Edgar, Davies and Bryant resulted in the latter cutting inside and putting Davies over. This was an excellent score which came from intelligent and comprehensive backing-up. Towards half-time, a penalty for offside in the line-out was converted for London University as also was a try, following a dangerous cross-kick misjudged by Myall (and not the intervention of the post as reported in the national press).

Thus Guy's changed ends to play with the wind with a 6-8 deficiency. Early in the second half, the London University prop was injured and carried off, and Guy's domination became even more positive. Mid-way through this half, Bryant sent Wright away from the 25 and he shot over to give Guy's the lead (9-8). On two more occasions, Biggs and Bernard were over the line, but were adjudged not to have touched the ball down properly. Hence Guy's lead, which should have been more convincing was restricted to one point.

Guy's back-row all deserve special commendation for their part in this game—Bryant starting attack after attack with great skill, Lloyd-Edwards playing a constructive role in his best match to date, and Evans' fire and fury remaining a menace right to the end. The hooking of Price was always useful, ably abetted by Hockey, and the line-out play at last showing up effectively. Outside the scrum, Murray was always doing something useful, Biggs was restored to the form we know he is capable of, and Myall was a model of efficiency and reliability. All-in-all, a satisfying performance, which augers well for the hard club matches ahead.

Team : R. Myall; V. Egwuatu, D. Biggs, C. Wright, R. Bernard; J. A. Edgar, M. Myall; J. Hockey, E. Price, J. E. Davies, D. Gourley, P. Peace, S. C. Evans, A. Lloyd-Edwards, J. D. Bryant.

Guy's v. Rosslyn Park

At H.O.P. 18th November, 1961

Result—Guy's Lost 6-15

Late changes brought Jackson in to replace Hockey (injured) and Underwood in his first game in place of Evans (also injured).

After 5 minutes a penalty against Underwood for off-side in the line-out gave the Park full-back the first of his three penalties. This was equalised by a splendid score from half-way. Started by a scissors between Edgar and Biggs, followed by a kick ahead by Egwuatu, and fast pursuit of a loose ball by Lloyd-Edwards and Underwood, it resulted in Biggs coolly dropping a goal from amidst a forest of Park players. Later in the half, a 45 yard penalty was converted for offside as also was a further kick for foot-up. The half ended with a dribbled try following a forward movement from a line-out (3-12).

In the second half Edgar dropped a goal following forward pressure and showed all the skills that make him such an entertaining player to watch. Time after time the defence was split, but the vital scores would not come. Egwuatu showed some of the fire and dash that has eluded him recently, and with Biggs was always dangerous in attack. Of the forwards, Gourley particularly did well in the line-out, and Treadwell had more than his share of the ball, until weight began to tell against him. However, scores would not come, and in the last moment, Rosslyn Park forwards again went over from the back of the line-out (6-15).

This was a heartening performance by Guy's against such strong opposition and it was particularly pleasing to see Myall performing so calmly and outstandingly until he was concussed badly 10 minutes before the end.

Team : R. Myall; V. Egwuatu, D. Biggs, C. Wright, J. Bernard, J. A. Edgar, M. Murray; J. E. Davies, V. Treadwell, P. Jackson, D. Gourley, P. Peace, P. Underwood, A. Lloyd-Edwards, J. D. Bryant.

Guy's v. Wasps

At H.O.P. 25th November, 1961

Result—Guy's Lost 3-13

It was heartening to see a good crowd of supporters at Honor Oak Park today when Guy's responded magnificiently against an extremely powerful Wasp team comprising fifteen County players including four England internationals.

We saw club rugby at its best with fine open play by both sides. Wasps were dangerous at all times and despite the fact that Guy's gave nearly a stone per man in the pack they had a very fair share of the ball with credit to Treadwell whose hooking was quite equal to Blacker.

Guy's defence against repeated attacks was outstanding. Lloyd-Edwards, who was always in the danger zone, stopped two almost certain tries when a Wasp winger dodged Bernard in the first half and again in the second when a Wasp player gathered a loose ball and cut through with Myall out of position. Wright tackled ferociously and stopped several dangerous moves before they got under way. Biggs was always a threat and ready to probe the Wasps defence.

It is significant that Wasps were held to 3-3 until ten minutes from no side. Wasps were the first to score with a push over try from a five yard scrum in the first half, but this was quickly cancelled when Murray made a fine break through starting a passing movement which ended in a five yard scrum from which Edgar dropped a goal. In the second half, Guy's were unlucky not to score. Edgar, with complete command started a series of attacking movements which sent Biggs, Egwuatu and Bernard deep into the Wasps defence. Egwuatu and Bernard were both stopped a yard from the Wasps line. Murray, who took some heavy punishment, made a fine fifty yard run from Guy's touch line, kicked ahead and caught his man with the ball when he was almost exhausted. Ten minutes from time a classic Wasp move started from a line out a few yards from their own touch and ended in a try which was converted. A few minutes later a long kick by the Wasp stand-off bounced the wrong way from Myall and was picked up by the winger who scored. This was converted making the Wasp score 13.

Everyone in the Guy's side deserves mention today. Peace played a powerful game throughout, ably backed by Gourley. Evans and Bryant defended like demons and gave forceful support to those two stalwarts Davies and Jackson who had to take an almighty strain in the scrums.

A final word came from a Wasp supporter later in the club room. He said, "Although Wasps just had the edge, Guy's played a great game."

Team : R. W. Myall; V. Egwuatu, D. Biggs, C. J. Wright, J. Bernard; J. A. Edgar, M. Murray; J. E. Davies, V. T. Treadwell, P. Jackson, P. Peace, D. Gourlay, S. C. Evans, A. Lloyd-Edwards, J. D. Bryant.

FENCING

Summary 1960-61

Thanks to an enthusiastic and effective team, the last season has been one of the most eventful and successful in the history of the club. Out of fifteen matches played during the season, the team lost only one, against Salle Paul, an impressive team boasting Olympic fencers, whose greater skill and experience finally brought our run of wins to an end.

For the first time for many years the Inter-Hospitals' Fencing Cup returned to Guy's after a comfortable victory of 9 wins to 5 against the London Hospital in the final. Despite the final score most of the bouts were close and keenly contested; J. Dobson in particular distinguished himself by winning all his fights with a cleanness and precision seldom encountered in the confines of hospital fencing, whilst H. Preiskel (capt.), as usual wound his opponents in knots as they attempted to parry a very agile and elusive weapon.

Team : H. Preiskel, E. Harley, J. Dobson, R. Knight. *Reserve :* D. Purdell-Lewis.

Season 1961-62

The Annual General Meeting of the Fencing Club was held in The Committee Room on Friday, 3rd November. The following elections were made :

Captain : E. Harley.

Secretary : J. Dobson.

Treasurer : P. Chadwick (re-elected).

Ladies Captain : E. Ward.

With all of last year's team remaining, and some promising newcomers this year, there are high hopes that the coming season will be as successful as the last, and our first two wins of the season, against Barclays Bank and the London Hospital, make an encouraging start to the year, and confirm the all-round strength of the club in all three weapons, foil, épée, and sabre.

HOCKEY

Guy's 1st XI v. Gravesend 1st XI

At H.O.P. 18th November, 1961

Result—Lost 1-3

We have come to expect a hard fight against Gravesend, and in view of the previous years defeats, the prognosis at bully-off was grave.

However, surprise was in store for the two spectators. The Guy's defence repelled several very aggressive attacks and the right back, David Loader, playing his first game with the 1st XI demonstrated some particularly pleasing stickwork.

Half-time score Nil-Nil and even the goalie had sweat on his brow. Soon afterwards Guy's broke through and scored once and almost twice.

An injury to an opponent's right forearm then occurred through trying to charge the goalie, and eleven Guy's men allowed Gravesend to win 3-1 as compensation.

The excellence of the umpiring on the field and the beer later made this a memorable match.

Guy's v. N.P.B.

At H.O.P. 25th November, 1961

Result—Won 6-1

Played at a much slower tempo than that against Gravesend last week, Guy's seemed in control for most of this game at H.O.P. After having taken some time to settle down, the forwards often seemed able to toy with the opposition, and in one devastating ten minutes spell early in the second half notched up 5 goals. One particularly nice move was initiated by R. Strickland, back in the forwards again, who sent a long ranging pass down the left wing, where P. Liddiard picked it up on the goal line, and laid on a fine pass for G. Thomas to score off.

N.P.B. made a valiant come-back in the last ten minutes, but were stopped from enlarging on their only goal, scored at the beginning of the second half, largely by another impeccable display of anticipation by M. Crowe in goal.

Scorers: G. Thomas 3, Z. Cader 2, R. Gumpert 1.

Team: M. Crowe; G. Hodgson, D. Loader; J. Sedgwick, M. Conybeare, C. Brooks; P. Liddiard, R. Strickland, G. Thomas, Z. A. Cader, R. Gumpert.

SQUASH

Cumberland Cup Match

Guy's v. Lensbury and Britannic House Club

Home 14th November, 1961

Result—Lost by 4 matches to 1

D. J. H. Richmond lost to C. B. Aylwin 2-3
(3/9, 4/9, 9/5, 9/6, 7/9).
P. F. Sievers lost to S. N. Lauder 1-3
(5/9, 9/5, 5/9, 5/9).
C. Chantler beat L. Priestley 3-0
(9/7, 9/7, 9/4).
W. A. Norman lost to E. Hunt 2-3
(2/9, 9/4, 9/1, 4/9, 0/9).
T. A. M. Stoker lost to D. R. Thomas 0-3
(6/9, 7/9, 1/9).

Cambridge Tour

Guy's v. Christs College, Cambridge

Away 18th November, 1961

Result—Won by 4 matches to 1

D. J. H. Richmond lost to J. Morris 0-3
(7/9, 1/9, 7/9).
P. F. Sievers beat D. Hodgeson 3-0
(9/1, 9/3, 9/4).
C. Chantler beat R. Cherril 3-1
(9/7, 9/7, 5/9, 9/3).
W. A. Norman beat S. Bevan 3-2
(9/3, 4/9, 5/9, 9/4, 9/2).
T. A. M. Stoker beat A. Samson 3-1
(7/9, 9/5, 9/4, 10/8).

Guy's v. St. Catherines College, Cambridge

Away 19th November, 1961

Result—Won by 5 matches to 0

D. J. H. Richmond beat R. Sinclair 3-2
(9/7, 4/9, 8/10, 9/4, 9/1).
P. F. Sievers beat M. Morrison 3-2
(7/9, 9/6, 7/9, 9/7, 9/3).
C. Chantler beat P. Lebrocq 3-1
(9/7, 9/7, 8/10, 9/4).
W. A. Norman beat C. Hall 3-2
(9/7, 7/9, 6/9, 9/5, 9/2).
T. A. M. Stoker beat P. Webster 3-1
(9/0, 9/4, 4/9, 9/6).

BOAT CLUB

UNITED HOSPITALS' WINTER REGATTA

The United Hospitals' Winter Regatta was held at the London R.C. Boathouse on Wednesday, 22nd November. Twenty-four Guy's oarsmen took part in the races as opposed to only six last year, a fact reflecting the considerable increase in the number of members of regatta standard.

Guy's main hope of success was in the Junior Eights. Our crew had trained hard and recent outings had been of a high standard. It was most unfortunate, therefore, that Guy's should be drawn in the first round against St. Mary's Hospital, who, without doubt, were the most experienced crew in the event. St. Mary's have had the nucleus of a crew together since Easter, and had considerable racing experience during the summer. The race was rowed from the U.B.R. Stone to the Crabtree Inn, a distance of just under 1½ miles. Guy's started well, rating 40 in the first minute, and quickly took a lead of half a length. St. Mary's settled down and looked extremely steady, while Guy's, in a fine effort to draw away, maintained a considerably higher rate than their opponents. Guy's remained in front until, with about a quarter of a mile to go, St. Mary's slowly crept past a Guy's crew who were by now exhausted by their earlier efforts. St. Mary's won by a length and went on to win their semi-final and the final, beating St. Thomas's Hospital by 3 lengths, a fact which somewhat raised the spirits of the Guy's Eight. The Guy's stroke, D. P. Telling, is to be congratulated on the fine example that he set his crew.

Crew: Bow, P. D. Griffiths; 2. D. J. Simler; 3. J. Atkins; 4. J. Latham; 5. D. K. C. Cooper (capt.); 6. P. D. Venning; 7. C. N. Garstang; Stroke D. P. Telling; Cox C. A. C. Pickering.

In the Junior Fours Guy's, the holders, entered two crews. The "A" crew did not quite manage to achieve the standards of recent training sessions and were beaten in a close race by St. Thomas's by 2 lengths. The "B" crew who had had little opportunity for training together, put up a splendid fight against St. Bart's, the eventual winners, and were unlucky to lose by 2½ lengths.

Crews: "A": Bow N. Flower; 2. D. H. Richards (Capt.); 3. M. Preece; Stroke C. Soutar; Cox M. Watson.

"B": Bow G. Tonnekoon; 2. A. Medhurst; 3. R. Ireland; Stroke S. Gregson (capt.); Cox P. Sharp.

The Guy's Novices four showed considerable technical ability, and their coach, T. N. D. Peet, must be congratulated on bringing them to such a standard so soon. They rowed extremely well, but lacked the strength of the opposition and were beaten by St. Bartholomew's—again the eventual winners—in a close race.

Crew: Bow J. Marshall; 2. J. Dangerfield; 3. A. Martin; Stroke M. Hodge (capt.); Cox T. N. D. Peet.

Guy's can by no means consider the regatta a success, but with several experienced oarsmen, including the club captain C. D. Hawes, now available, the outlook for the future months looks fairly bright.

SOCCER

UNITED HOSPITALS' CUP

1st Round

Guy's v. London Hospital

At H.O.P.

Result—Draw 1-1

With four promising "freshers" included in an already experienced side, Guy's looked forward to this first round cup encounter with much enthusiasm. It was apparent that this enthusiasm was not confined to the team and their ten wins, one draw, and one defeat in twelve matches record had obviously impressed many members of the Hospital because it was before a substantial crowd that Guy's kicked off.

Guy's moved smoothly in the early stages but alas the game had not been in progress many minutes before the cup "hoodoo" reared its ugly head. Elias, breaking away down the right was viciously tackled by the London Hospital half-back Ritchie and had to leave the field for several minutes. Elias returned but it was obvious that he was not going to be his usual self. This was a great blow for Guy's because the Welshman's untiring energy and goal-grabbing ability has been a prominent feature in putting new life into soccer at Guy's. However, undeterred Guy's fought hard and covered well against early London raids.

For twenty minutes London pressed with only feeble reply from the Guy's forwards but were held back by a very cool and calm Guy's defence. As the game progressed Guy's came more into the picture and for long spells towards the end of the first half had the London pinned back in their own half. Elias, Atkins and Shepherd all tried long shots but without result. Guy's best effort in this period, however, came when Shepherd flouted over a magnificent corner kick, Trayfoot jumped high to reach the ball but his header just went over the crossbar.

Throughout most of the second half it was all Guy's and we at last saw something of the wonderful ball control, distribution and anticipation which have been such an encouraging feature of the side this season. However, there was a lack of fight among the forwards and several times goal-scoring chances were wasted. It seemed that Guy's would never break through the tight London defence when quite suddenly the London goalkeeper, who had hitherto given an impressive performance, allowed a harmless rolling ball from Shepherd to slip from his grasp and Mason was on hand to score.

We all thought that this could be the deciding goal but five minutes later the Guy's defence made its only mistake. Daintry, carrying the ball forward, slipped it to his own inside forward who caught the Guy's defence square and pushed it on for Pobee to run on to. Parry was a little slow anticipating the move and could not reach the ball before Pobee had slipped it past him into the net. Unfortunately for the London, Pobee, their potential matchwinner, collided with Parry, damaged a cartilage and spent the rest of the game virtually a passenger on the wing.

Guy's fought back hard but there was a lack of cohesion between defence and attack now that Elias had slowed and never again did they look like scoring. Thus a very entertaining game ended in a draw.

Reminiscing, I feel that the Guy's defence, with W. Davies and Cochran outstanding, gave a highly creditable performance. The attack was disappointing, very little being seen of the left flank. The team must learn to use both wings equally and not play on the right flank too much. Shepherd was certainly the best of the forwards, although one cannot help feeling that Elias's injury kept him from becoming one of the game's stars. In the replay Guy's must fight harder for the ball and a better link between attack and defence found.

Team : Parry; Davies, W., Sheridan; Trayfoot, Cochrane, Davies, P.; Shepherd, Elias, Mason, Cutler, Atkins.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1ST DECEMBER, 1961

Assistant House Surgeons

To :

Mr. Blackburn — Mr. S. Nundy
Appointed for six months, the first 3 as A.H.S.

Mr. Lawrie — Mr. J. M. Forsythe
Appointed for six months, the first 3 as A.H.S.

Mr. Glover — Mr. S. Haynes
3 months

Mr. Brain — Mr. R. O. Weller
Appointed for six months, the first 3 as A.H.S.

Assistant House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. R. A. Durance
Appointed for six months, thr first 3 as A.H.P.

Dr. Boland, Dr. Houston and Professor Butterfield (Male Patients) } Mr. L. J. F. Youlten
Appointed for six months, the first 3 as A.H.P.

Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients) } Mr. J. M. Simpson
Appointed for six months, the first 3 as A.H.P.

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Miss D. M. Miller
3 months

Casualty Officers

Mr. C. Dare, Mr. N. E. Jensen, Mr. N. J. Knight, Mr. R. C. Lallemand, Mr. A. B. Richards } *3 months*

House Surgeons

To :

Mr. Massie — Mr. I. G. McGill
3 months

Mr. Eckhoff — Mr. W. Bunting
6 months

Professor Atkins — Mr. B. Blackwell
3 months

Mr. Wass — Mr. M. H. Devereux
6 months

House Physicians

To :

Dr. Baker and Dr. Joiner } Mr. C. S. Ogg
3 months

Dr. Boland, Dr. Houston and Professor Butterfield (Male Patients) } Mr. P. J. Winter
3 months

Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients) } Mr. J. F. Hallpike
6 months

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Miss A. B. Kenshole
6 months

Resident Obstetricians

1. 7.61—31.12.61	Mr. A. S. Horner
1. 9.61—28. 2.62	Mr. W. J. Appleyard
1.11.61—30. 4.62	Mr. S. R. Meadow
1. 1.62—30. 6.62	Mr. D. C. Humphrey

Throat and Ear House Surgeon
Mr. R. G. Hett
3 *months at Guy's followed by* 3 *months at New Cross*
Mr. G. H. Forman
3 *months at New Cross*

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Miss P. J. E. Cave	6 *months*
Mr. G. P. Williams	6 *months*

Dermatological House Physician
1.11.61—30.4.62 Mr. S. O. B. Roberts

Neurological House Physician
Mr. I. D. B. Rennie 3 *months*

Genito-Urinary House Surgeon
Mr. J. G. B. Thurston 6 *months*

House Surgeon to the Thoracic Unit
Mr. E. J. W. Gumpert 6 *months*

Children's House Physicians

Miss M. N. R. Pitt	3 *months*
Miss M. B. MacKeith	6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. A. J. Bron	3 *months*
Mr. P. Curtis	6 *months*

R.M.Os. in Nuffield House

1. 7.61—31.12.61	M. C. C. Korvin
1.12.61—31. 5.62	Mr. S. McHardy-Young
1. 1.62—30.6.62	Mr. K. J. Connolly

House Physicians in the York Clinic

1.10.61—31.3.62	Mr. D. I. Brough
	Mr. M. Hopwood

Resident Anaesthetists

1. 9.61—28.2.62	Mr. J. J. Maher (S.H.O.)
1. 9.61—28.2.62	Mr. J. Lore
1. 1.62—31.5.62	Mr. M. D. Farrar
1.12.61—31.5.62	Mr. K. E. E. Hubble (S.H.O. New Cross)

BECKENHAM HOSPITAL

House Physician	Miss H. Lachlan
House Surgeon	Miss J. Wandless

NEW CROSS HOSPITAL

House Surgeon (General Duties)
Mr. D. B. Calne

ORPINGTON HOSPITAL

House Surgeon (with Ophthalmology)
Mr. A. C. Bird

House Surgeon (with Gynaecology)
Miss L. S. W. Ko

PEMBURY HOSPITAL

House Surgeon (General Duties)
Mr. P. Wemyss-Gorman

House Surgeon (with Orthopaedics)
Mr. A. P. Staz

House Physician Mr. E. Young

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. A. G. Boohene

APPOINTMENTS VACANT

GUY'S HOSPITAL, LONDON, S.E.1

Applications are invited for the appointment of **Senior Registrar in the Department of Thoracic Surgery**, from 1st February, 1962, with appointment until 30th September, 1963, in the first instance. Applicants should be Fellows of the Royal College of Surgeons of England and have had previous experience in Thoracic Surgery. *Application forms are obtainable from*, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **14th December, 1961.**

PASS LIST

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

The following have been recognised as Teachers of the University and assigned to the Faculties indicated.

J. D. Cambrook, F.D.S.R.C.S., as a Teacher of Dental Surgery at St. Bartholomew's Hospital Medical College.

F. L. Ingram, D.M.R.D., as a Teacher of Dental Radiology at Guy's Hospital Medical School.

UNIVERSITY OF LONDON

Third (M.B., B.S.), Examination for Medical Degrees

October, 1961

Honours

Ann G. Creighton (*Distinguished in Surgery*).
M. M. Ilahi (*Distinguished in Medicine*).

Pass

J. P. Barker	J. E. Oliver
M. E. Blacklee	B. J. D. Peatfield
A. G. Boohene	D. E. Rees
S. S. Brook	J. M. Robertson
G. E. Conn	D. T. M. Smith
G. H. Forman	M. D. Steyn
D. L. Hall	R. C. Wales
C. J. Hughes	W. A. Wallbank
N. E. Jensen	Barbara Walsh
N. J. Knight	Jillian M. Wandless
Loretta S. W. Ko	P. J. Winter
Doreen M. Miller	L. J. F. Youlten
Rosemary R. Norton	

Part I

Sheela Amin	M. J. House
P. McC. D. Anderson	M. N. J. Jacoby
C. J. Atkins	P. G. Kelly
J. H. M. Axton	S. Lal
D. J. P. Barker	D. M. Lewsey
C. C. Bates	Rosemary R. Millis
P. Beasley	A. R. Nathoo
A. H. Binsted	P. O. Older
C. B. Boothby	K. M. Pagliero
I. M. Boyd	R. W. Penny
M. F. Bradshaw	D. Sarson
N. E. Burrows	F. A. W. Schweitzer
Marcella A. Chamberlain	Jennifer S. Shewan
J. N. Crossley	J. C. Simpson
B. Donovan	J. M. I. Simpson
T. A. H. English	Carol L. Slack
K. G. C. Evans	Rosalind A. Smith
J. M. Forsythe	J. L. Stanford
W. R. Hain	M. J. Tarlow
J. W. Heber	D. R. Turner
Susan J. Henry	R. O. Weller
	Norma L. J. Williams

Part II

Penelope J. E. Cave	P. J. Nicklin
P. Curtis	A. P. Staz
J. H. Grime	R. Tanner
S. Haynes	

Part III

Penelope J. E. Cave	J. J. Kimerling
J. H. Grime	P. O. Older
S. Haynes	

Part IV

P. Curtis	P. O. Older
J. H. Grime	A. P. Staz
J. J. Kimerling	R. Tanner
P. J. Nicklin	

APPOINTMENT

Dr. S. Shone has been appointed Senior Administrative Medical Officer, Sheffield Regional Hospital Board.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Beale, A. J. The D-Antigen Content in Poliovaccine as a Measure of Potency. *Lancet*, 1961, ii, 1166.

Beales, Philip H. Is Myringoplasty Worthwhile? *J. Laryng.*, 1961, **75**, 897.

Birch, D. A. Preliminary Communication: Myringoplasty Performed with a Peritoneum Homograft. *J. Laryng.*, 1961, **75**, 922.

Fulford, G. E. Casualty Trolley. *Lancet*, 1961, ii, 1070.

Harrison, D. F. N. The Haemophiliac as a Surgical Problem. *J. Laryng.*, 1961, **75**, 913.

Hawkins, Clifford F. The Bedside Manner and the Doctor-Patient Relationship. *Queen's Med. Mag.*, 1961, **53**, 183.

Knox, R. The Elimination of the Resistant Staphylococcus. *Med. Digest*, 1961, **6**, 373.

Knox, R. A Survey of New Penicillins. *Nature*, 1961, **192**, 492.

Milner, Louis and another. The Role of Haloperidol (A Psychotomimetic) in Anaesthesia. *Med. Proc.*, 1961, **7**, 468.

Ross, D. N. The Surgical Treatment of Fallot's Tetralogy. *Postgrad. med. J.*, 1961, **37**, 659.

Turk, D. C. and another. Meningitis in Jamaica. *West Indian med. J.*, 1961, **10**, 118.

Wheatley, David and others. Lipaemia and Blood-Coagulation Defects in Relation to Ischaemic Heart-Disease. *Lancet*, 1961, ii, 798.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

Ordinary rates 15s. 0d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

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ASSISTANT required for country dental practice (40 miles north of London) with ample scope for further development. All "mod. con." own E.C. list number. Commencing January, 1962. Box No. 288.

LADY Clerk Typist with some knowledge of figures. Shorthand useful but not essential. Age 25-40 years. Salary according to abilities. Five day week. Write Box No. 220.

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CHANGES OF ADDRESS

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J. V. Jeffs, F.R.C.S.Eng., "Helygen," 313, Malden Road, New Malden, Surrey. (Tel. Malden 7348).

J. V. V. Lewis, M.B., B.S., 2, Stannells Close, Stratford-on-Avon, Warwickshire.

P. J. McGregor, M.B., B.Chir., Castle Close, Sandgate, near Folkestone, Kent.

D. Robertson-Ritchie, F.D.S., Market House, Market Avenue, Chichester, Sussex. (Tel. Chichester 2337) and Birdham Farm, Birdham, Sussex.

BIRTHS

GLENDINNING.—On 16th November, 1961, to Gillian (née Cann, M.B., B.S.), and Neil Glendinning, M.B., B.S., of The Old Court House, South Petherton, Somerset, a daughter.

JOHNSTON.—On 16th November, 1961, at Guy's Hospital, to Jill (née Campbell, S.R.N. Ont.), and Gordon Johnston, M.A., a son (Robert James Campbell).

McGREGOR.—On 29th August, 1961, to Barbara and Peter J. McGregor, M.B., B.Ch., a son (Graham), brother for Sally and Robert.

MANSFIELD.—On 14th October, 1961, to Theo (née Dartnall, S.R.N.), and Colin Mansfield, M.B., B.S., a third son (John Charles).

RODDICK.—On 10th November, 1961, to Anne, wife of Ian C. Roddick, M.B., B.S., of 37, Palace View, Shirley, Croydon, a daughter (Sarah Jane), sister for John.

TURNER.—On 30th October, 1961, in Penzance, to Diane (née Vellenoweth, S.R.N.), wife of Lieutenant Clive Turner, Royal Navy, a daughter (Louise Victoria), sister for Simon.

MARRIAGES

EVANS—THOMAS.—On 11th March, 1961, Howard Conway Evans, M.B., B.S., to Anne Bebb Thomas, S.R.N., at the Congregational Church, Epsom, Surrey.

TOMLINSON—LANE.—On 28th October, 1961, at Midsomer Norton, Somerset, John Montgomery Tomlinson, M.B., B.S., to Patricia Outram Lane, M.B., B.S.

ADOPTION

BRUNSDON.—By Dorothy and David Brunsdon, M.B., B.S., a daughter (Cynthia Mary), aged one year, a sister for Alison and Nigel.

EDS. { R.A.S. D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1915 16*th December* 1961 *One Shilling*

PASSIM

OF the many aspects of Christmas which come to mind at this season the most attractive and long-lasting indulgence is digging up the past; the secret of the occasion lies in reminiscence—the pent-up Christmas eve excitement instilled at an early age by our parents survives to be awakened each year, despite the Scrooges who sternly insist that decorum should prevail.

Fortunately, at Guy's the short-lived but glorious lack of routine makes people turn their energies into other channels and previously submerged talent has always come to the surface. *Guyscope*, the brilliant (but alas, extinct) organ of Hospital humour flourished with its Christmas numbers, because (says the *Gazette* of February, 1902), "burdened by no juxtaposition of professional learning or clinical acumen, the foibles and peculiarities of the day could be adequately depicted." These foibles and peculiarities were brought to light in the most stimulating and talented way, viz.: a pill in time saves evisceration, or: it's a weary lane that leaves the colon (the Editor would not have thus risked his neck at any time other than Christmas). The Nigger Troupe survived *Guyoscope* and consisted of a mobile concert party which toured the wards on Christmas Day, and which produced seven and a half hours of continuous entertainment for the patients and, latterly, for hordes of old Guy's men who used to come up to town and 'make a day of it' with the Niggers. The more economical but just as entertaining successor to the Niggers is the Christmas Show, for years held in the Out-Patients Hall but relegated this year by the Lampsen tube, and other erections, to the pre-clinical classroom. But if the psyche is merely satisfied by the students' and residents' festivities, the soma is engorged.

> 'Let us have wine and women, mirth and laughter,
> Sermons and soda water the day after.'
>
> said Byron cautiously.

'. . . we know of no better way of spending Boxing Day afternoon than in watching the hungry little Borough children swallowing piece after piece of cake with absolute disregard for the Ol. Ric which almost inevitably follows" . . . .

said a correspondent to the *Gazette* of fifty years ago. The reader will be sufficiently well acquainted with the post-prandial mood after ward, office, and hostel parties that we need not comment.

And in this context we would like to wish the Students v. Residents Boxing Day Rugby match the best of luck, and may the ***Obiter Dicta*** fall fast and furious.

To all Guy's men everywhere we wish a happy, blessed and peaceful Christmas.

IN BRIEF :

We are very pleased to hear that Dr. D. A. F. McGill has been appointed Consultant Physician to the Winchester Group of hospitals, comprising Winchester, Alton, Basingstoke and Andover, as from February, 1962. On behalf of all Guy's we would like to wish him and his family the best of luck in their new surroundings.

Sir Russell Brock recently visited Toronto to receive one of the awards of the Gairdner Foundation in Toronto. Five such awards are made each year for research in various fields of medicine, this award was made in recognition of contributions to the knowledge of the pathology, investigation and surgery of rheumatic and congenital heart disease which has led to the rational surgical treatment of obstructive diseases of the heart.

Surgeon Rear-Admiral (D) W. Holgate, who recently retired from the Admiralty, has been appointed Dental Adviser to the Ministry of Health.

B. J. Fowler, F.R.C.S., of Peterborough, has been appointed Consultant Surgeon to the Grantham area, Lincolnshire.

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery. *Obstructive Jaundice.*
18th	M	1.00	Department of Medicine. Films: (1) *Physiology of the Natural and Synthetic Adrenal steroids.* (2) *Oral Diuretics in Clinical Medicine.*
		6.45	Carols by members of the B.B.C. group of singers and their friends.
19th	T	1.00	Mr. Eckhoff. Clinical Lecture. *Fractures of the Facial Bones.*
21st	Th	1.00	Dr. Hardwick. Clinical Lecture. *Hypothyroidism.*
		8.45	Service of Carols and Nine Lessons in the Hospital Chapel.
22nd	F	1.00	Mr. O'Neill. Clinical Lecture. *Third Molars* (*Dental Theatre*).
24th	S	11.30	Midnight Service with Carols in the Hospital Chapel.
1962			
JANUARY			Exhibition. Department of Surgery. *Fractures.*

CHRISTMAS CARDS

Guy's Christmas Cards are still available in the *Gazette* Office, 16, St Thomas's Street, S.E.1, prices : 5/- and 8/6 per dozen Postage 1/- extra per dozen

OBITUARY

HILDA MARY GRATION

Guy's nurses in all parts of the world will be sad to learn of the death of Sister Hilda. She "got away" in her sleep early on the morning of 30th November. Hilda Gration completed her nurse training at Guy's in 1921. After gaining her midwifery certificate, she returned to Guy's, and was appointed first as Assistant and later as Sister in charge of the Preliminary School. At this time changes and developments were taking place in the nursing profession, particularly in regard to nurse education. Guy's was early to appreciate this, and how fortunate we were to have a woman of Sister Hilda's calibre to take the lead.

In 1924 Sister Hilda was appointed the first Sister Tutor, and began the immense task of creating from a happy, though haphazard foundation, a comprehensive time-table to cover the whole period of training and it was under her guidance that the Nursing Education Committee and the Women's Training Schools Council were established. At the same time she studied for, and obtained the Diploma in Nursing of the London University.

During the last war, when we were evacuated to hospitals in Kent, it was largely owing to her foresight and tenacity of purpose that the Guy's Nurses' training continued along the established lines. After the war much reorganisation took place, and the Block System of Training began. The School of Nursing, as it is today, is largely the result of her work and inspiration. Sister Hilda was a brilliant teacher, and in the midst of many administrative problems, she always put teaching first, and spent many hours giving individual tuition. She was the first Honorary Secretary of the Sister Tutor Section of the Royal College of Nursing, and later became the Chairman. She was an examiner of the General Nursing Council from the time of its inception. She was the author, and later co-author with Sister Dorothy of nursing textbooks, and wrote frequently in the Nursing Press.

From about 1930 onwards, Hilda fought a losing battle with arthritis, and became increasingly handicapped physically, but this never appeared to diminish her capacity or enthusiasm for her work, although much of it was done from her wheelchair or couch. Hilda developed a wonderful philosophy, and it was her attitude towards her suffering that inspired the devotion and care that she received from her numerous friends and colleagues. This was a measure of her stature. Although she has left us, her influence and all that she did for the nursing profession will always survive. She read widely, could talk well and with a sense of humour, and was always good fun at a party.

When Sister Hilda retired in 1948 to In The Ray Nursing Home at Maidenhead, much of her work continued. With Sister Dorothy she kept her textbooks up to date. Her interest in nursing affairs was maintained, and particularly directed to the training of Assistant Nurses, many of whom were encouraged and inspired by her, as were

the Student Nurses at Guy's. She became the guide, philosopher and friend of the staff at In The Ray, and helped in no small measure towards its successful development; Guy's nurses working in the neighbourhood often sought her help and advice.

A few days before Hilda died, when she seemed to know that she had little time left, she sent the message: "I am glad that the Guy's Nursing School is going ahead and keeping abreast of modern educational trends."

Our sympathy goes especially to Marion, her sister (also a Guy's nurse) and to Sister Dorothy.

F.T.

ACIS AND GALATEA

The Music Club performed Handel's masque 'Acis and Galatea' in the Cathedral Chapter House on Friday, 8th December, and again on Saturday, 9th December.

'Lib. by John Gay, with adds. by Dryden, Pope and John Hughes, produced in costume but without action, King's Theatre, 1732' says my dictionary with relish. Masque or Pastoral, intended for contemplation perhaps, it is as an opera that the work stands for us; and the programme note rightly seeks similarities between it and the Music Club's last production of Purcell's 'Dido and Aeneas'. It is what a Handel opera is up against, and there is little use in clapping down the blinkers. Both works may have a common ground of mythology—Purcell's Aeneas and Dido are live characters of presence and tension, Handel has cast his lovers into the extraordinary and very frightening pastoral convention where true love is only possible between pale, though nicely dressed and cleanly shaven shepherdesses and shepherds. There are never any sheep. The characters have lost all their pieces of identity. In Purcell awfully little happens, some witches cooking soup at best, in Handel's work rocks are hurled and god-like transformations take place—and Purcell's opera has drama, and Handel's none. From the moment of beginning, the dramatic relations in 'Dido and Aeneas' demand my attention, and begin to change.

Handel's beginning to his opera is also an overture, and some lovely music for chorus and then the soloists is to follow. The nymph Galatea sings her beautiful air 'Ye verdant plains', longing for her shepherd Acis. Susan Longfield gave Galatea a voice of lovely line with very considerable beauty and accuracy, a performance of stature and outstandingly good. In the next piece Acis is heard, then his friend Damon. Damon is rather a curious character, a true friend with an occasional sour line that suggests perhaps that he was an earlier and rejected lover of Galatea's. Handel has written some of the best music for him, however, and Peter Bamber's stylish singing was as excellent. The lovers find one another—and we have spent an hour of our opera in a throbbing pastoral scene-setting of great beauty that has not advanced the characters, or our understanding of them, one whit beyond the beginning moment.

And yet, and yet, and yet—it is, of course, quite unreasonable to go on lining up the two composers like racehorses, but what tantalizing views Handel suddenly gives now, with music of true dramatic life. There is a splendid, buoyant duet between the lovers, 'Happy we', that brings the house down. After a weak start, Roger Norrington as Acis showed his strength here, and continued finely in very excellent voice to his air 'Love sounds th' alarm', which was marvellous. And the glory continues, the opening chorus of the second part is again a great dramatic piece, with shouts and pauses that seem to go on to 'Peter Grimes'. The Guy's Hospital Choir sang with great insight and fine control in their regrettably few choruses (why is the whole tempo of Purcell's work with shorter and many more chorus and solo pieces so much better than Handel's extended forms—but quiet). The very good choir has gone from success to strength in the past two to three years, and now sings with veave, fullness, and understanding.

The monster Polypheme appears. John Winter's performance here rightly gained him our sympathy rather than abhorrence for a splendid rendering of 'O ruddier than the cherry'. An amiable monster, finely sung. But the dramatic temperature has dropped sharply again by now, and whilst there is very lovely music in the set pieces to follow, there is no moment in the terrible things that happen. Polypheme makes his advances to Galatea, is rejected, and poor Acis takes up battle with him. There is a sudden third sequence of tremendous life as Acis and Galatea in a moving farewell duet are joined by the angry shouts of Polypheme who hurls a rock to crush Acis, and I am unreasonably, unstylishly angry with Handel again for not carrying through the whole opera at this level of dramatic intensity. Acis and everything else sinks, and there is the transformation into a god, a soft return into the shepherds' idylls.

The orchestra was drawn from London Music Colleges as well as Guy's, and played with conviction and gave much pleasure. Particularly there was Michael Watts' beautiful oboe playing, and Cecil Cochrane's colourful harpsichord continuo that bound the players in one piece. The opera was conducted by Robert Sells, and the excellence of the performance and the great enjoyment derived from it by the audience mark his achievement in directing the work so well. I should have one serious criticism of so enjoyable a concert: why were the soloists placed so as to escape the conductor's eye and command by being behind him, effectively obstructing in turn his view of the strings to his left and right ? Some anxious moments in ensemble during the airs were related, I think, to this arrangement through which three groups of performers were unable to communicate.

It was a very good evening and a tribute to the personalities now in the Music Club that, in contrast to the massive requiems accompanied by two pianos of five or ten years ago, gave us this finely wrought chamber performance of a difficult work.

T.S.

In an attempt to find out what the average subscriber wants in the Gazette the Department of Social Medicine kindly organised, on our behalf, a controlled, random-sample, statistically corrected gallup-poll. The two conclusions from this were that (i) the men thought there was not enough sex in it. (ii) The women felt there was nothing in it for them. We are unable to remedy the first defect, but we are pleased to present, for the first time:

THE WOMEN'S SECTION

Cook's Corner

This week we sent our roving reporter round the Hospital to find out how your men like their

CHRISTMAS PUDDINGS

He came back with the following tips from :—

THE HOSPITAL PHARMACIST—All Christmas Puddings should be made to the following specifications :—

℞		
	Dessic. Fruit	32 ozs.
	Cryst. Sugar	8 ozs.
	Sod. Chlor. B.P. ..	42 gr.
	Pulv. Bread H.B. ..	8 ozs.
	Pulv. Flour	4 ozs.

Using Emuls. Milk—mix ingredients to a fine Ug. Add Caps. Chicken E.M.B. Standard 3, and Gutt. Almond Essence to Flavour. Complete with Inj. Cognac p.r.n. Cook. Decorate with Sprigs Holly 2.

Key to Abbreviations B.P. British Pharmacopoeia, 1958.
H.B. Hovis Brown, 1961.
E.M.B. Egg Marketing Board.

A SURGEON.—I have frequently observed that the gustatory pleasure which accompanies the ingestion of what, in common parlance, is known as Christmas pudding, is greatly enhanced by the coincident exhibition of vintage Valencia Raisins to the oropharyngeal mucosa. My old friend Esoffier always emphasised this point, and I believe that my rigid insistence on this essential ingredient has been instrumental in making the pudding served at our celebratory luncheon at the Royal College such an unimpeachable culinary accomplishment.

A PAEDIATRICIAN.—For centuries the traditional Pudding has occupied a central place in every child's concept of Christmas. The reason for this is readily apparent: the smooth, rounded, hemispherical contour and gentle warmth of the pudding have an obvious significance. To the infant the pudding is simply an extension of the mother: to the older child it is a definitive erotico-suggestive breast-symbol Either way it conveys to your child reassurance and security. So do not destroy this by impaling the pudding with holly, setting fire to it or filling it with money.

A READER IN PHYSIOLOGY.—What's Christmas ? And it depends what you mean by pudding.

HAS YOUR HUSBAND GOT TO SPEND CHRISTMAS AWAY FROM GUY'S ?

Then why not give him an exciting, nostalgic treat ? Make him his old favourite—

COLLEGE PUDDING

Collect a sinkful of breadcrusts. Soak in cold water. Continue peeling the onions. Do not wash your hands. Wring out the crusts. Add economical quantity of Govt. Surplus sultanas and rejected Famine relief flour. Mix with a minimum of milk, margarine and sugar. Resist temptation to add an egg. Put in a pinch of ground nutmeg: add a lock of your hair. Steam gently. Allow to cool. Heat the plates. Slice with a microtome. Hurl onto a plate. Stick down with custard. Serve uncompromisingly.

ADVERTISEMENTS

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*2*s.* extra.

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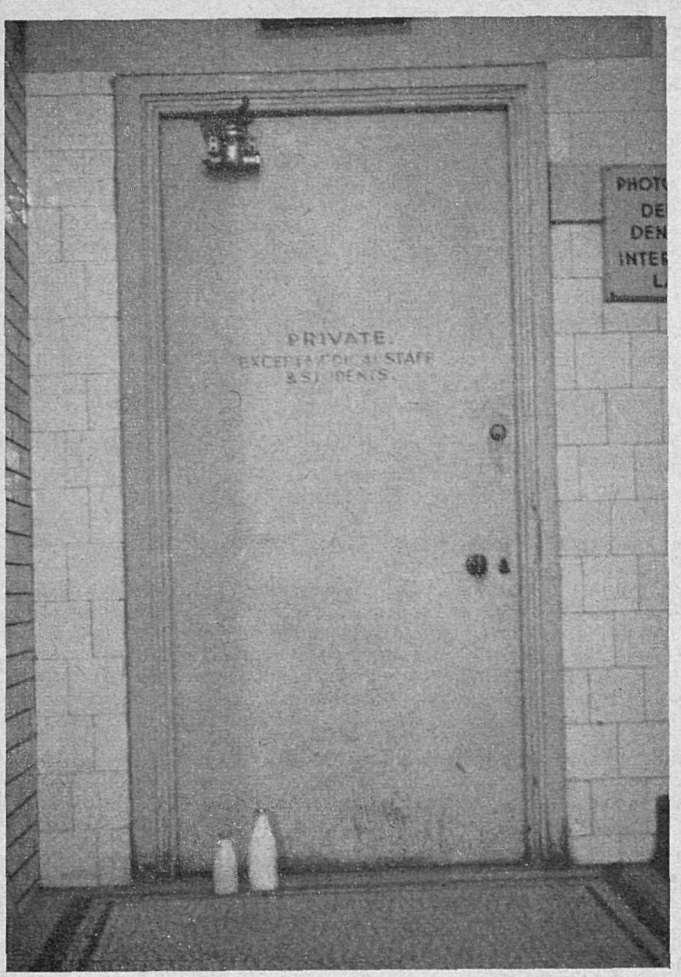

B.A.P.S. advertisement.

In "The Making of a Surgeon" (reviewed in this issue) Professor Ian Aird gives marriage guidance to aspiring surgeons. "The surgeon's bride, like the brides of most specialists, should be warned that she may well be a handicap to her husband, and place him at a disadvantage in competition with his friends and colleagues".

HE LOVED HER DEEPLY, BUT HE HAD TO TELL HER . . .

When he got to Surbiton it was snowing. He left the station and walked up the hill. Even at Christmas he was not allowed to leave the hospital; but Hugh Hacking-Smith, house surgeon, had decided to propose. He knocked on the door of number 162. She opened the door and was delighted to see him. Demurely she took his hat and coat and they went into the sitting room.

Dear little Mary. He thought of all the evenings they had spent together in the mess; all the times she had comforted him when he despaired of his career. And now her great moment had come. He sat down on the settee and took her yielding hand.

"Darling" he said.

"Yes, darling".

"I want you to marry me".

She caught her breath.

"Hugh . . . . Oh Hugh . . . . how wonderful. We'll have a lovely Spring wedding. We'll go away for a honeymoon, somewhere hot and sunny, and we'll have lots of children just like you."

He caught his breath.

"But darling I'm going to do surgery: we won't be able to afford children for years."

"Yes, of course, darling, I didn't really mean it. I'll go on with my job and in the evenings I'll sit by the fire and mend your clothes or make things for our little house".

"Now darling you know we won't have a house for ages".

"Oh I don't mind that as long as I've got you my darling. We'll take a furnished flat near the hospital and I'll work away and keep it nice and you will be able to come back from your work and love me".

"You do realise darling that I shall not be able to spend much time at home. I've got at least two more years house jobs to do; and then I shall have to work very hard for the Fellowship. After that there will be many years as a registrar, with take-in's, evening lectures, spare-time research and reading".

"I know dearest, but don't worry. I'll be happy just as long as you are doing what you want to do".

Neither of them spoke for a while as they lay in each other's arms, dreaming of the future.

At last he broke the silence. "You really will be rather a handicap for me, sweetheart. You know, when I'm applying for travelling fellowships and things".

"But I don't mind playing second fiddle to surgery, honestly darling. I know that in your job you must put knife before wife".

It was time for him to do his evening round. He got up to go, they kissed in the hall. Together they walked down the hill and into their future.

D.J.P.B.

Medicos Look At . . .

During the past year it has been possible to see dancers from many different countries—the Soviet Union, the United States, Senegal and India, and several of our own ballet companies (the Royal Ballet, Festival Ballet, Ballet Rambert and Western Ballet), and it is interesting to attempt to make some comparisons between their different styles of dancing and their modes of presenting the ballets. Our own Royal Ballet (and Ballet Rambert and Festival Ballet) are really descendents of the Leningrad State Kirov Ballet. To what extent have they branched off along their own lines of development and do they even do the same things in a different way ? Because of the origins of the Royal Ballet one expected to see the same classical ballets performed by the Kirov and most of their programme consisted of *Giselle*, *Swan Lake* and *The Sleeping Beauty*. The result was that little opportunity was given to see their new ballets and only *The Stone Flower* and some of the short excerpts in their *Gala Programme* gave one some idea of what was new in Russian ballet. It is fairly obvious that anything resembling "modern" ballet, whether in music, choreography, story or decor, has not been developed by the Kirov (or the Bolshoi, if one recalls their new ballets). Our own Royal Ballet, in *Symphonic Variations* and *Diversions* for example, have created something new and one cannot imagine ballets remotely like these coming from the Kirov without a revolution taking place.

It is the Russian dancing which has something to teach British ballet. It is obvious that technically their dancers are collectively superior to ours, particularly the male dancers. They are much more athletic in their appearance, with much more fully developed muscles especially in their lower limbs and particularly their thighs. The result is that they leap higher and further, and lift their partners more easily and higher than their male counterparts anywhere in the world. Although nearly everybody admires the "maleness" of the men dancers in Soviet ballet, and tends to describe other male dancers as "soft", I may be allowed the merest whisper of criticism among the paeons of praise. It often occurred to me that the male dancing frequently becomes acrobatic virtuosity, and in some way excessive muscularity detracts from the aesthetic appeal of the human body whether male or female.

Regarding the ballerinas, there is no doubt about the high technical standard of the individual members of the *corps de ballet* but their ensemble dancing has a marked raggedness. It is said that precision is not looked for from the *corps* but without asking for a troupe of Tiller girls it should be possible to obtain a high degree of uniformity in the timing and range of the different steps performed by the *corps de ballet*. The prima ballerinas dance with an aplomb and sureness which reflected their enormous skill. There are, however, two main differences in technique and one of these is of paramount importance in the general effect produced by their dancing. The Russian school allows a much greater latitude in the extent to which the upper part of the body can be moved while performing steps which mainly involve

the lower limbs. The result is that when watching Margot Fonteyn or Svetlana Beriosova one is impressed by their control over the shoulders, neck and head. The Kirov ballerinas show what is referred to as a greater flexibility of the upper part of the vertebral colum and neck. I prefer the English style. Secondly, and this is a reflection of the difference in technique referred to already, the Russian dancers raise their legs sideways (*grands battements dévellopés*) much higher than the British and well above a right angle. This is only possible with a marked lateral bending of the trunk and again in my opinion is less aesthetic than the more rigid torso and less elevated limb. Perhaps the skill and technical virtuosity of both male and female Russian dancers were best seen in some of the flying *arabesques* in one of the short ballets in *Gala Programme*.

"Balletts : U.S.A." according to Jerome Robbins, its creator and artistic director, is the name given to his dance company because he believes that "ballet dancing in America, originally an imported product . . . . has been completely influenced and drastically changed by this nation and the culture in which it has grown up". It would be difficult to find a greater contrast than that between the American ballets *Moves*, *Events* and *N. Y. Export, Op. Jazz* and any of the Russian ballets. In the former everything on the stage in the way of scenery and costumes is reduced almost to a minimum. In *Moves* there is no music so that "the audience can respond solely to the action of the dance". I recall writing on my programme that the dancers appear to be soulful and dedicated and make no attempt at conventional acting. The steps are frequently drooping, with a remarkable crescendo diminuendo of movement in the last part of the ballet. The hands are used a great deal and the dancers appear to be soft, pliable, plastic and malleable. There are curiously long intervals between the steps and this may be due to the absence of music. The decor in *Events* is reminiscent of formulae of organic chemical compounds. The events described include a lynching, a gang fight and the explosion of an atomic bomb and the dancing itself varies from the drooping to the staccato. Frequently two men or two women dance together in a *pas de deux*. In *N. Y. Export, Op. Jazz* the Negro and Latin-American influences on popular dancing in America are used to create an abstract ballet which was intended to express the outlook of American youth. The music is modern jazz and one of the scenes is reminiscent of a factory. The dancers' expressions are dead-pan and there is a great deal of tough swaggering around the stage. The dramatic changes from the relaxed body to complicated movements involving the arms, torso and legs demand a high degree of skill from the dancers. Although sometimes pretentious, Jerome Robbins is trying, and with considerable success, to build up a mode of dancing which is modern and is attempting to deal with themes which are up-to-date.

The African Dance Company from Senegal almost inevitably poses the problems inherent in trying to present dancing cut off from the background to which it belongs. In a theatre in London it is nearly impossible to enter into the atmosphere of primitive African dancing. This sort of dancing in many ways is simple and one should participate in it not watch it. However, it is interesting to see the

style of dancing, much of which is performed with bent knees, hips and body and consists of a series of slow steps, suddenly replaced by either a series of rapid steps or a frenzied shaking of the hips with static shoulders or, in the case of a woman, rapid contractions of the pectoral muscles so that the bare breasts oscillate rapidly from side to side and up and down. Men and women never dance together and the dances include knockabout clowning and acrobatics. One of their main attractions is the enthusiasm of the performers, and there is an obvious connection between the rhythms of the dances and much of jazz. A comparison between "Ballets: U.S.A." and the African dances is thought-provoking. One wonders whether the former is in many ways the offspring of Negro rhythm and classical ballet, but consideration of this would require a much longer article.

A correspondent from New York sent us the following extract from the Journal of the American Medical Association.

Reflections from our Mirror.—It is unusual to find an American article that is fun to read and which by the very excellence of its prose and arrangement stimulates one to read on to its very end. What a contrast many of our colleagues in England provide ! So often their writing is elegant, relaxed, free from tangle-footed construction and beautifully clear. Many authors give the impression that if they do not follow a rigid pattern of writing and fail to lard their manuscripts with bewildering formulas, overloaded graphs, and mathematical equations (which, if I may say parenthetically, I suspect sometimes are understood only by the institution's statisticians), they will be regarded as unscientific. It is necessary of course, that scientific data be presented, but at the same time it is sad that many authors who have something to say that is of importance to many physicians, succeed in making their contributions comprehensible only to a few who work in their particular field.

Why is this ? I believe a large segment of the trouble is related directly to a deficiency in the broad, liberal education of our students. How many students who enter medical school have tasted adequately of English, literature, history, art, philosophy, language ? Too many have spent their collegiate time in science. Many medical schools give lip service to a liberal education as a preparation for Medicine, but impose such stringent requirements in science that students cannot wholly be blamed for the course they pursue. While training in science is of vital importance in Medicine, we cannot escape the fact that a Doctor of Medicine, by the very nature of his profession, needs to be a broadly educated person. Broad education does not come from an exclusive devotion to the study of science.—Lewis, H. P.: Reflections from Our Mirror, An Address, *Ann. Intern. Med*, Vol. 53, Dec. 15, 1960.

OBITER DICTUM

Sir CLEMENT PRICE-THOMAS at a Surgical Combined round :

'Whispering pectoriloquy and all that sort of thing went out when surgeons started operating . . . '

CORRESPONDENCE

Letters to the Editor of the Gazette

Dr. G. M. Kidman

SIR,—I cannot let the death of Dr. G. E. Kidman, reported in your last issue, pass without comment.

George Kidman qualified at Guy's in 1916 and immediately joined the R.A.M.C. and served throughout the war chiefly overseas. He returned to Guy's in 1919 and held House Appointments whilst taking his London M.B.

Having played Rugby for the Hospital before the war he was a stalwart forward in the first post-war Guy's side.

He went into General Practice in Derby in 1920, and was appointed Assistant Physician to the Derbyshire Royal Infirmary in 1930. Then the N.H.S. started in 1948 he was appointed Consultant Physician to the Hospital and carried on a large consulting practice until his retirement in 1959.

He always kept in touch with Guy's and was a regular attendant at the Annual Dinner of the '30 Club, where he will be sadly missed.

Yours etc.,

W. D. DOHERTY.

Forge Cottage,
Hogscross Lane,
Chipstead, Surrey.

"How Life of a Hospital Patient Might be Improved"

SIR,—With reference to the article "How Life of a Hospital Patient Might be be Improved" published in last week's issue of the *Gazette*, I think Nurse is unaware that the Guild of Ex-Patients and Friends, will supply immediately on request by anyone in charge of a Ward, Flower Vases, Toilet equipment, etc., or anything else for the patient's comfort, not provided under the National Health Scheme.

I should be glad to give this Nurse further particulars if she will come to the Office of the Guild.

Yours etc.,

T. SIDNEY,

Secretary, the Guy's Hospital Guild of Ex-Patients.

Guy's Hospital, S.E.1.

REVIEWS

Synovial Joints. Their Structure and Mechanics. By C. H. BARNETT, D. V. DAVIES, M. A. MACCONAILL. Longmans. Pp. xi—304. *Price* 50*s*.

This study of synovial joints is a refreshing one and within its compass it embraces many diverse but necessarily related disciplines. It contains a considerable quantity of information which is presented in a logical and often chronological way. Yet is this information of value to a student following the 2nd M.B. course ? I think so, but as the dust-cover suggests it will primarily be of interest to the orthopaedic surgeon, rheumatologist, and physiotherapist.

Arthrology; Syndesmology; or just plain 'Joints', is one of those borderlands between anatomy and physiology which perhaps are not given fair treatment during a 2nd M.B. course, and the student often finds that it is not expedient to investigate the subject too deeply. However, this book will provide an authoritative source of reference for those who wish to enquire below the surface of the subject.

The frontispiece diagram particularly is very useful—being a generalised outline of all the structures that may be present and their inter-relationships, and I found it of great help to refer to while reading the text.

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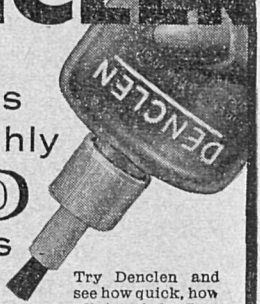

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In the detailed analysis which follows, one of the fundamental considerations is of the circulus articuli vasculosus, first named by Hunter in 1743 to denote the vascular border of the joint, and this forms an excellent basis for the study of pathological changes in synovial joints—there being a similar source of vascular supply in the menisci. They also describe it as an important route for the nutrition of articular cartilage—the others being from the synovial fluid, and from the underlying marrow space.

Undoubtedly one of the most original and analytical sections of this book is that devoted to the mechanics of joints, including an illuminating discussion on the various classifications of joints. As they state, practically all classifications so far are based on one of three characteristics. *a*) The number of articular surfaces, *b*) The form of the joint, or *c*) Its function. They then proceed to discuss articular mechanics from first principles, in a somewhat mathematical way, arriving at two basic types of displacement of a moving surface upon a fixed one, namely, spinning and sliding. Further they suggest two elementary types of joint surface—ovid and sellar, not, however, corresponding to the two types of movement which may be combined in both.

Although this book is relatively expensive it is well produced with clear diagrams and text and also contains a well documentated bibliography. Without doubt its greatest value is that it represents a concentration of current views (in one place) in a clear and decisive way. For it is true in all fields of knowledge that correlation is as important as analysis.

W.G.R.

The Making of a Surgeon. By IAN AIRD. Butterworth's. *Price* 12*s.* 6*d.*

"Knife before wife"—the axiom of an older generation—is one of Professor Aird's rare lapses from the modern, realistic attitude to surgery which is to be found on most pages of his book but he is still able to list a wife as an unnecessary hindrance to the prospective trainee surgeon. Other qualities, which he includes in this chapter on "attributes requisite in a surgeon", include "the heart of a lion, the eye of an eagle and the hand of a lady." It is this section of the book which will prove to be most interesting and against which men aiming at surgery will measure themselves. However, when Prof. Aird writes the following—"most of them (surgeons) play games, few are interested in serious music or the theatre and they do not speak foreign languages fluently"—his weaknesses and those of the book become all too obvious.

The fourteen other chapters have a considerable amount of factual information of great interest to all students if only because this is a subject so grossly neglected by those responsible for clinical teaching in undergraduate institutions. The author covers most aspects of surgical training in this country and abroad from school education to the consultant appointment and in addition there are chapters on specialised surgery, training in research methods and travelling with the result that most topics are included and an accurate, bird's eye view of surgery is given.

It is written in a style which is both endearing and readable—if not occasionally corny ("there thus abideth for the surgeon these three, anatomy, physiology and pathology, and he would be hard put to it to say which is the greatest of them.") Butterworth's are to be congratulated on inducing one of London's best-known post-graduate teachers to write on his subject and perhaps they will follow this success up with a similar book on physicians and general practitioners.

This modest book, well presented at a bargain price, is a must for all those who advise on careers or who have one in front of them.

F.A.W.S.

Brompton Hospital Reports. Vol. XXIX 1960.

This book consists of a collection of papers given by members of the Brompton Hospital Staff during the period August, 1959, to July, 1960. It, like its predecessors, comes to many as somewhat of an anticlimax in that most of the papers have been heard or read elsewhere beforehand. However, no one can fail to benefit from their re-reading and the book provides an excellent reference manual.

Several leading authorities on chest diseases contribute on topics largely of everyday importance, both are good reasons for recommending this number.

Various aspects of carcinoma of the bronchus are described in six articles. Admitting that the accurate comparison of figures as between individual surgeons is impossible, nevertheless it would seem that roughly the more radical type of surgery associated with routine block dissection of the mediastinal glands (Sir Russell Brock) carries a higher mortality (12 per cent.) than when less strenuous efforts are made (5.8 per cent. by Vernon Thompson). However, the former operation shows a 40 per cent. five year survival compared with 27.3 per cent. for the latter. The good results reported for resected tumours already invading the chest wall at operation is a surprise. Lobectomy, dealing as it must with earlier and more localised growths, not unnaturally shows good survival figures which perhaps could be improved still further with a wider resection had the general health of the patient permitted it. This statement does not detract from the value of lobectomy along with sleeve resection procedures in extending the benefits of surgery to a wider circle of patients.

The effect on survival of various pathological features (Nohl) gleaned from operative specimens, confirms what has been recognised by surgeons for some time. The overall gloomy picture of bronchial carcinoma is well outlined by Bignall.

Four papers are concerned with various aspects of the management of patients with pulmonary tuberculosis. The use of prolonged drug therapy for a series of 193 patients over periods of up to three years, showed a relapse rate of 12 per cent. 60 of the group were treated surgically. The relapse among this sub group is not discussed for comparison. Apart from a relapse rate there would seem to be, in addition, a substantial residue of morbidity from drug sensitivity, persistent open cavities, and unresolved nodular disease. The latter two conditions at least must be regarded as unsafe and possibly dangerous to public health from the occasional excretion of tubercle bacilli.

The indications for the surgical treatment of children with pulmonary tuberculosis in 71 patients are all given; the results are excellent. Their wider acceptance should be encouraged not only for the reasons given but also because of the possible prevention of such well known late complications as bronchiectasis.

The oesophagus and diaphragm are dealt with by Mr. Norman Barrett in three papers on hiatal hernia, benign strictures of the oesophagus, and the early management of "stove-in" chest injuries. The classification and diagnostic criteria of hiatal hernia are well reviewed but in so called "congenital short oesophagus" it is not made clear whether the difference between true gastric and an "intestinal" type mucosal lining of the oesophagus is appreciated. The denial of the occurence of true congenital strictures of the oesophagus other than those associated with hiatal hernia, would not be generally accepted. Tracheotomy and pleural drainage, avoiding further depression of the respiratory centre by drugs, are principles recommended for the emergency management of "stove-in" chests, complicated by acute respiratory failure prior to the transfer to a chest centre of the more complicated cases. It must be remembered that many of these patients survive for varying periods because of a reserve of physical effort that enables them to overbreath. When this flags from exhaustion they die unless mechanical assistance has in the meantime become available.

Students of cardiac surgery are well catered for by Sir Russell Brock in articles on aortic stenosis, and pure infundibular stenosis of the right ventricular outflow tract. The indications for surgery in these conditions are given and they more on an analysis of the various physiological adaptations that have been made by patients to combat them, than on their presenting symptoms.

Interesting papers on pulmonary function are to be found. One by MacNamara, Prime and Sinclair on the increase in diffffusing capacity of lungs found to occur with exercise, helps to explain such clinical observations as the need for patients with diffusion defects like those with a "gas mixing" deficiency to hyperventilate, and the additional crippling effect of pulmonary

hypertensive changes on such patients. Changes in the Forced Expiratory Volume occurring during the course of the day are reported by Lewinsohn, Capel and Smart, and offer a further explanation for the well known early morning exacerbation of symptoms in such conditions as chronic bronchitis, in addition to the more more familiar one of the overnight accumulation of sputum.

R.H.F.B.

Fearon's Introduction to Biochemistry. By W. J. E. Jessop. Published By W. Heinemann Medical Books Ltd., London. Pp. viii+473. *Price* 30*s.*

This new edition of Fearon's textbook follows the plan of its forbears in first discussing the chemical constitution and physical properties of the various components of the organic Bausteine that constitute the basis of living cells and then giving an account of the behaviour and function of these in biological systems.

On the whole the book is easy to read in spite of the terse style of the author and should be found genuinly interesting by those with little bent towards biochemistry. Compared with previous editions, the presentation is better ordered in that the chapter on Nutrition now precedes that on catalysts and that on the internal environment precedes that on homones. Several new sections have been introduced, the more important being those on protein structure and synthesis, hormones and enzyme action. At the same time there has rightly been a drastic reduction in the space allotted to details of practical procedures best learnt in the laboratory.

The vast coverage of the book which more than fulfils the demands of the pre-clinical syllabus in biochemistry has been achieved by ruthless abbreviation and, where the author has felt necessary, simplification of the exposition. Thus in the section on energy exchange in biological systems, a masterpiece of brevity, the rather difficult concept of entropy change is not mentioned when discussing the difference between the change in free energy associated with a chemical reaction and the accompanying heat change. The undue condensation of material at times, however, mars the clarity of exposition. In an attempt to bring clinical applications of biochemistry within the ambit of the book this shortcoming is frequently apparent and we must be content with rather sketchy descriptions of disease entities.

A few errors, as for example the reported isolation of pancreozymin from yeast instead of gut mucosa, are inevitable in any work of this size.

To the student for whom travel along the many "biochemical railways" of intermediary metabolism has been a dreary occupation, this book will make his journeys briefer, more enjoyable by way of short historical asides and at the price will not be too expensive a fare.

B.S.W.

Synopsis of Oral Pathology. By S. N. Bhaskar, B.D.S., D.D.S., M.S., Ph.D. London, Henry Kimpton, 1961. Pp. 502, figures 324.

This is a generously illustrated handbook of small format intended for the student and practitioner of dentistry. The first part consists of a table of some ninety pages in which various characteristics of oral pathological lesions are listed in groups, *e.g.*, vesicular lesions of the oral mucosa. This may have value for last-minute examination revision and sometimes help the practitioner. The rest of the book deals in a brief way, but with admirably chosen clinical photographs and photomicrographs, with almost every lesion which can be found in the mouth or near it. So wide a scope has meant that in some parts it is little more than a catalogue, for example in the chapter of two pages on neurological disturbances. It has also meant that such a matter of prime importance to the dentist as dental caries has almost been crowded out.

As a textbook for British undergraduate students it would, therefore, be unsuitable; but for the unusually enquiring student and practitioner it may well provide a stimulus to a wider interest in oral pathology, and to those who already have this interest, an excellent display of characteristic material, rare and otherwise, of which we express our appreciation.

M.A.R.

Clinical Electroencephalography. By L. G. KILOH and J. W. OSSETON. Messrs. Butterworth & Co. Pp. 135. *Price* 50*s.*

The timely publication of this excellent introduction to clinical electroencephalography, will do much to popularize the intelligent use of this rather neglected diagnostic tool. Though in clinical use for a quarter of a century, the E.E.G. is employed almost exclusively by neurological and psychiatric departments, with the result that the majority of general physicians are unaware of its diagnostic possibilities. Following a short account of recording techniques and commonly employed activating procedures, the authors describe the features of the normal E.E.G. and the majority of conditions wherein it is disturbed. In so doing they offer an admirable guide to the appropriate employment of the electroencephalogram. It is impossible in a book this size to cover the whole field of electroencephalography, but the authors nevertheless succeed in presenting what amounts to an amazingly up-to-date account of the applied aspects.

The excellent illustrations hint at the extensive nature of the authors' E.E.G. library.

The final chapter on the value and limitations of the E.E.G. could be read with profit even by those actively engaged in the practice of electroenceplalography.

G.P.

SPORT

RUGBY

Guy's v. Streatham

At Thornton Heath 2nd December, 1961

Result—Lost 3-11

Fresh from that fine match against Wasps, Guy's approached this game with optimism—too much optimism as it proved. The ability not to repeat form shown in games against stronger clubs has led to unexpected defeats before, and Guy's whole approach to this match was far too lackadaisical and disinterested. Hockey returned to the side in place of Jackson.

An early penalty against Guy's was not converted, and subsequent play included a fine relieving dribble by Treadwell and Biggs, a successful scissors by Edgar and Biggs, and some good hooking by Treadwell. Then a good break by Edgar, supported inside by Bryant momentarily drew the defence to enable Biggs to put Egwuatu in between the posts. This was the limit of Guy's success for an unaccountable missed conversion by Biggs started a decline in Guy's fortunes which slid progressively downhill as the game ensued. Bad midfield tackling allowed Streatham to take the lead with a movement from the half-way line giving a try which was converted. This was followed by a break by the Streatham scrum-half from a line-out leading to a try near the posts, again resulting from bad tackling. At this stage, Guy's looked anything but Hospital Cup-holders. In particular the back row were nowhere to be seen either in support in attack or in defence at any stage and, consequently, the increased burden put on the mid-field triangle proved too great. Edgar was having one of those days when the ball would not stick in his hands, but he was not helped by Murray's pass which reached him anywhere between his bootlaces and two feet above his head. Bernard was having a match he will want to forget; Egwuatu demonstrated no great enthusiasm in the first-half; and neither Biggs nor Wright showed, or gave, any confidence in defence.

The second-half showed an improvement in possession of the ball, with three scrums out of four being won and Peace and Gourley achieving parity in the lines-out. But Guy's attack displayed no incisiveness, and no finish, and even the good movements, involving the whole side and progress from right to left and back again, and also a fine break by Edgar, came to nought through dropped passes. A Biggs penalty was only just wide, while a Streatham penalty was converted (3-11). In this half, all the front row distinguished themselves—Hockey, with his experience and knowledgeable propping, Treadwell with his talented and skilful hooking, and Davies with his enthusiasm and vigour—and Myall gave a calm display, kicking a good length.

If Guy's are to maintain the improvement in form shown during recent matches, then every match must be taken seriously, and every player must strive throughout each game to give of his best. This team has ability—if this is supplemented with the necessary will to win, then it could prove quite successful.

Team : R. Myall; V. Egwuatu, D. Biggs, C. Wright, J. R. Bernard; J. A. Edgar, M. Murray; J. Hockey, V. Treadwell, J. Davies, P. Peace, D. Gourley, S. C. Evans, A. Lloyd-Edwards, D. Bryant.

Guy's v. Old Cranleighans

At Thames Ditton 9th December, 1961

Result—Lost 0-3

Guy's began encouragingly on a muddy ground and, in fact from the touchline, appeared to be about to dominate the whole game. This is what they did do, though they failed time after time to complete the movements and score the vital points. Mid-field domination proved insufficient to defeat this Old Cranleighans side, who defended desperately and had the fortune to score one breakaway try. Guy's throughout held the initiative and produced the movements and the breaks, but, frustratingly enough, just did not score from them.

The first half saw some good movements from Guy's, one in particular worth mentioning. The ball traversing the three-quarter line in both directions during the same movement—out along to the left to Bernard and inside to Lloyd-Edwards, as always backing up, initiating a move to Lillicrap on the right, but the desperate defence of the Old Cranleighans managed to prevent a score. The Old Cranleighans had their moments too, but to a lesser extent, and these resulted from Guy's mistakes of dropped passes, bad clearances and failures to find touch.

Treadwell was hooking the ball nine times out of ten from the tight, despite their pack leaders cry of "squeeze", but alas it was to no avail. Half-time saw the scoring at nil all.

Two penalty kicks, one to either side, heralded the seconded half and thence repeated sorties by Guy's which just failed to score. The lateral movements were successful in momentarily beating the opposite man, but did not produce the necessary penetration to score. One long run from Underwood after receiving an inside pass from Lloyd-Edwards gave Guy's supporters hope, as did attempts by Biggs.

Then disastrously came the incident, completely against the run of play, whereby the Old Cranleighans scored. From a line-out on their 25 line a long throw in, taken hurriedly by one of Guy's forwards, had the misfortune to find the Old Cranleighans left centre, who made good ground to the Guy's 25 before being tackled by Myall. But a safe pass to the wing brought their try, which proved decisive.

SQUASH CLUB

Guy's v. Beckenham Cricket Club

Away 28th November, 1961

Result—Won by 3 matches to 2

D. J. H. Richmond beat R. F. Faulkner 3-2.
C. Chantler beat P. Pearson 3-2.
W. A. Norman beat W. F. Ward 3-2.
A. Stoker lost to E. Thomas 2-3.
P. Monks lost to R. Hosking 2-3.

Cumberland Cup Match

Guy's v. Middlesex Hospital

Away 5th December, 1961

Result—Won by 3 matches to 2

D. J. H. Richmond lost to M. Kingston 2-3 (1/9, 9/4, 5/9, 9/7, 7/9).
P. F. Sievers lost to N. Bass 2-3 (4/9, 9/6, 9/5, 3/9, 5/9).
C. Chantler beat R. Lancaster 3-0 (9/3, 9/4, 10/8).
W. A. Norman beat T. Hababananda 3-2 (10/8, 1/9, 5/9, 9/2, 9/3).
T. A. M. Stoker beat J. Fixen 3-2 (5/9, 9/5, 7/9, 9/4, 9/6).

Guy's v. Bank of England S.C.

Away 7th December 1961

Result—Won by 4 matches to 1

D. J. H. Richmond beat J. M. Elliott 3-0.
A. Martin beat B. L. Hartley 3-2.
P. Monks beat D. J. Strickland 3-2.
D. Waters lost to P. G. Cook 2-3.
J. Topham beat M. O. H. Doughty 3-0.

BOAT CLUB

UNIVERSITY OF LONDON WINTER EIGHTS REGATTA

The regatta was held on Saturday, 22nd November, at the University Boathouse at Chiswick. The course was from the Railway Bridge to Chiswick Bridge, a distance of 7 furlongs. Eight colleges entered the Senior Division, including Guy's who had been forced to make five changes (including one positional) from the crew that raced in the U.H. Winter Regatta ten days previously. It was thought that these numerous changes would result in a considerable loss of cohesion, and therefore, the regatta was entered mainly as a source of further racing experience for the members of the crew. However, on the day the crew rowed surprisingly well, and it was most unfortunate that they did not have more success.

In their heat Guy's were drawn against University College and Hospital, a crew who had trained hard but who had been beaten on several occasions in training by the original Guy's Eight, and Northampton Engineering College, a crew of whom little was known.

Guy's, on the Surrey Station, went off to their usual excellent start and within a furlong had taken half a length off N.E.C. and a length off U.C. Guy's, rowing extremely well, then dropped the rate slightly and seemed to be settling down when Stroke and Six found their blades overlapping those of Bow and Three of the N.E.C. crew. Telling was forced to lower the rate for fear of clashing blades with N.E.C. and the crew lost some of its drive and power, though maintaining its timing and balance. The fault seemed to lie in both coxwains. The Guy's cox C. A. C. Pickering, who normally steers faultlessly and is considered by many to be one of the finest coxwains in the University, not wanting his crew to be forced out of the stream, steered towards the middle of the river, as the N.E.C. cox brought his crew slightly towards the Surrey side. U.C., who were now rowing well, took advantage of the opposition's distress and quickly went into a length's lead. When Guy's became disentangled they spurted and followed this with a strong finish, but were unable to catch U.C., finishing half a length down, though beating N.E.C. by one length.

To the infuriation of the Guy's oarsmen, U.C. went on to beat Q.M.C. in the final by half a length. A disappointing day for Guy's, but, taking into account the numerous late changes in the crew, the row must be considered as a fairly satisfactory performance.

Crew : Bow M. A. Preece; 2 C. A. Soutar; 3 P. D. Venning; 4 J. Latham; 5 D. K. C. Cooper; 6 P. Warren; 7 C. D. Hawes (capt.); Stroke D. P. Telling; Cox C.A.C. Pickering.

Coaches : I. C. M. MacLennan and T. N. D. Peet.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of *Medical Registrar (middle grade)* for the period 1st February to 30th September, 1962, only. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **1st January, 1962.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Part-Time, Non-Resident Casualty Officer (Senior House Officer Grade)** for six months from 1st February, 1962. Six morning sessions weekly. Salary 7/11ths of full-time rate. Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **the 1st January, 1962.**

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Fellowship

Air Cmdre. R. C. Jackson

NURSING NEWS

The following Nurses have passed the Final State Examination held in October, 1961 :—

Alexander, P. E.
Arthur, M. C.
Baker, M. P.
Ball, G. P.
Beevers, F. C.
Best, P.
Blackman, L.
Blakey, A. E.
Bolger, E.
Burgess, B. G.
Cable, B. A.
Chapman, J.
Chaytor, S. A.
Chenery, M. A.
Cole, S. J.
Connelly, S. M.
Cooper, M.
Crawley, G.
Denham, S. M.
Dunn, J. E.
Emtage, J. M.
Foster, E. R.
Foulkes, J. A.
Frost, E. A.
Gaynair, M. E.
Gegg, M. E.
Glover, G.
Harvey, G. R.
Henderson, M.
Hill, I. C.
Hill, M. L.
Howard, E. J.
Howell, S. P.
Hughes, M.
Jeremiah, M.
Lee, C. I.
Lewis, A. P.
Lillicrap, A. S.
Manger, J.
Marks, R. A.
Marsden, C.
Marshall, A. S.
Nicholson, J. J.
Obank, J. A.
Parr, J. A.
Parry, E. A.
Phillimore, J. M.
Quick, E.
Renshaw, E. A.
Roberts, A. J.
Ross, B. G.
Rowberry, J. M.
Sayers, F. J.
Scopes, H.
Shaw, W. D.
Sheldon, N.
Smith, E.
Spooner, P. J.
Straker, D. M.
Symons, A.
Turner, J. M.
van den Berg, A.
Wallis, V. J.
Walton, J.
Wandless, J. G.
Ward, P. A.
Watkinson, W. E.
Wesley, D. M.
Whitehouse, A. B.
Whitrow, L.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 10s. 6d. 15 words 21s. 0d. Box Numbers 1s. extra.

Ordinary rates 15s. 0d. 5 words. Box Numbers 1s. extra.

REQUIRED

ASSISTANT required for country dental practice (40 miles north of London) with ample scope for further development. All "mod. con." own E.C. list number. Commencing January, 1962. Box No. 288.

LADY Clerk Typist with some knowledge of figures. Shorthand useful but not essential. Age 25-40 years. Salary according to abilities. Five day week. Write Box No. 220.

CONSCIENTIOUS Dental Assistant required for progressive practice, 3 hours North of London—excellent opening. Apply Box No. 290.

DENTAL Assistant required Tuesday, Wednesday, Thursday, starting January, 1962. Conservative practice. Messrs. Lewis, Brotherton & Sheppard, 52, London Road, Twickenham, (Popesgrove 1283).

GUY'S man requires young, well qualified, congenial and hard working Dental Assistant, with a view to partnership in a very old qualified practice in South Warwickshire. Three partners at present, a fourth is required. Box No. 291.

PART-TIME Secretary (Shorthand Typing) Harley Street, Monday, Tuesday, Thursday afternoons, Saturday mornings. Box No. 289.

FOR SALE

CHRISTMAS CARDS are available from the Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1. 5s. to 8/6d. per dozen. Postage 1/- extra per dozen.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

J. W. Goodfellow, F.R.C.S., 152, Cumnor Road, Wootton, Boar's Hill, Oxford.

Dr. and Mrs. K. A. Hillard, North Chase, Worplesdon, Guildford, Surrey. (Tel. Worplesdon 2344) and Surgery (Worplesdon 2255).

D. M. MacDonald, F.R.C.S.(Ed.), L.D.S., 2, Harcourt House, 19A, Cavendish Square, London, W.1. (Tel. Langham 0646) and residence, 41, Devonshire Place, London, W.1. (Tel. Welbeck 6286).

Dr. and Mrs. J. S. Meyrick, Dorset County Hospital, Dorchester.

P. McG. Moffatt, F.R.C.S., D.O.M.S., 73, Harley Street, London, W.1. (Tel. Welbeck 5874).

Barbara A. M. Reynolds, M.B., B.S., 242, Yardley Wood Road, Moseley, Birmingham, 13.

M. Suskin, L.D.S., 199, Southampton Row, London, S.E.5. (Tel. Rodney 7919).

BIRTHS

BRADBROOKE.—On 20th June, 1961, in Chelmsford, to Wila (née Hayhoe, S.R.N.), and David Bradbrooke, A.A.I., a son (David Michael).

DYDE.—On 20th November, 1961, to Shirley (née Priestley), and Tony Dyde, M.B., B.Chir., of 176, Peckham Rye, S.E.16, a son (Christopher John).

GOODFELLOW.—On 18th November, 1961, to Anne (née Parsloe), and John Foodfellow, F.R.C.S., a daughter (Alison Mary), a sister a sister for Timothy.

MARRIAGES

HART—ASHTON.—On 30th November, 1961, at Swansea, Richard John Hart, B.D.S., D.D.S., to Suzanne Palmer Ashton.

MACDONALD—THOMSON.—On 3rd November, 1961, at St. Columba's, Pont Street, S.W.1, David M. MacDonald, F.R.C.S.(Ed.), to Dorothy J. M. Thomson.

TAMMES—HOCKADAY.—On 27th November, 1961, at Harrow, Middlesex, Dr. Bruin Tammes to Berona Hockaday, S.R.N., S.C.M.

DEATHS

GRATION.—On 30th November, 1961, at Maidenhead, Hilda Mary Gration, D.N. (Lond.), S.R.N., S.C.M., late Principal Sister Tutor, Guy's Hospital.

PUGH.—On 13th October, 1961, after a long illness patiently borne, T. W. Eric Pugh, B.D.S.(Lond.), of 1, Knole Paddock, Sevenoaks, Kent.

EDS. { R.A.S. D.J.P.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXV. No. 1916 30*th December* 1961 *One Shilling*

PASSIM

ON Christmas Eve Matron broadcast an appeal on all B.B.C. Home Services ("The Week's Good Cause") in support of the Nurses Memorial to King Edward VII. This voluntary organization urgently needs funds to maintain its home in Surrey for elderly retired Nurses of modest and means, and to equip a new Wing primarily for use as a Sick Bay.

We would like to wish the organization the very best of luck in their worthy and important task.

With deep regret and respect we announce the retirement of Mr. Grant Massie. An appreciation of him and his work at Guy's is included in this issue.

The wrong digit, the wrong limb, the wrong side, the wrong *patient*—these are the subject of a rather harassed memorandum to surgical staff issued jointly by the Medical Defence Union and Royal College of Nursing.

It seems inconceivable that surgeons could make such drastic miscalculations in their technique, and on closer examination of the evidence we find that the causes predisposing to this sort of operative error lie principally in the preoperative stage. Illegibility and carelessness in note-taking, the wrong notes accompanying the patient to the theatre, preparation of the wrong part in the theatre, these are some of the things which have led to twenty-eight such cases (all indefensible) laid at the door of the Medical Defence Union during the last two years. Surgical patients treated in teaching hospitals such as Guy's are fortunate in that the numbers of staff per patient is higher than in non-teaching hospitals; the chance overlooking of an important detail in the notes is therefore a rare occurrence. The old system of students trolleying patients from ward to theatre was surely a fool-proof method of ensuring that the right patient appeared for the right operation at the right time.

In connection with operations on digits the memorandum makes a praiseworthy appeal for a standardised terminology. The abbreviation 'R.I.' means the right thumb to most people; but if the surgeon learnt the piano from Sankey's Pianoforte Tutor he will think of the

index finger '1'. The proposed nominal system can be recommended on two accounts. Thumb, index, middle, ring, and little are self-explanatory and universally used terms. Also the longer the time spent in writing out the description of a part in full, the more difficult it becomes to make mistakes due to absent-mindedness. The Junior dresser may kick at having to write out descriptions such as 'the distal end of the metalarsal of the right ring finger', but the effort is surely worthwhile.

At first sight it looked as though the Works Department had decided to play it cool. Perhaps one of the maintenance men had been holidaying on the left bank of the Seine or had dallied too long in Bloomsbury one night on his way home to Acton.

Whatever lay behind it the sight of the Front Lodge Christmas trees standing in dustbins was most arresting, and its immediate impact was not forgotten when the dustbins were replaced a day or so later. After a moment's reflection one began to suspect that this was not after all an attempt to be *a la mode* but a gesture of real poverty. New Guy' House must have sucked the Works Department so dry that they had been forced to borrow a couple of garbage bins from the Borough Council for lack of anything else to put the Christmas trees into. But surely they might have been a little more enterprising. They could have borrowed two disused urns from the Crypt or chopped up the letter-rack and made a pair of gay period water-butts.

Alternatively this might be a symbol of defiance. 'We want more pay and until we get it the Establishment's Goodwill gesture stays in the dustbin'. But we are unwilling to jump to such uncharitable conclusions and have decided that it must all be tied up with tradition. They were not galvanised Municipal Mark Ten dustbins at all; they were valued historical relics. Sir Thomas Guy's hip-baths? Original ward soup tureens? Things Richard Bright slept under during his famous walk to London?

IN BRIEF:

Knox Postulates beat Wrights Necrotics on the hockey pitch at Honor Oak Park on 20th December 2-1. The Residents *v.* Students Boxing Day Rugby Match was unfortunately cancelled on account of the consistency of the ground (and the players).

A symposium on Bright's Disease is being arranged for Friday, 2nd December. Eleven papers will be given, all by doctors who have worked in Professor Kark's laboratory in Chicago.

Our special New Year's Greetings go to the following: D. B. James (*vide Gazette* issue 7th October, 1961), The Mayor of Oldham (*vide Daily Herald*, 22nd November, 1961), and to Ash and Co., our printers, who have to start all over again on page one next issue.

GUY'S DIARY

1962

JANUARY			Exhibition. Department of Surgery. *Fractures.*
1st	M	1.00	Dr. Baker. Clinical Lecture. *Coronary Artery Disease I.*
2nd	T	1.00	Dr. Baker. Clinical Lecture. *Coronary Artery Disease II.*
4th	Th	1.00	Professor Butterfield. Clinical Lecture. *New Thoughts about Rheumatoid Arthritis.*
5th	F	1.00	Dr. Kauntze. Clinical Lecture. *Thromboangiitis Obliterans.*
8th	M	1.00	Dr. Forman. Clinical Lecture. *The Effect of Certain Metals on the Skin. I.*
11th	Th	1.00	Mr. Willmore. Clinical Lecture. *Disorders of Voice, Speech and Language; Illustrated by recordings.*

NOTICE

Annual Dental Clinical Meeting

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 3rd March, 1962, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on 10th February, 1962.

AN APPRECIATION

MR. GRANT MASSIE

In December of this year Mr. Grant Massie retires as a full member on the Guy's Hospital staff. Those of us who have been associated with him for many years will appreciate what a loss this is to the Hospital. Mr. Grant Massie has established for himself an international reputation as a clinical teacher, both of post-graduate and undergraduate students. With the undergraduate student he has won a place in their affections to an extent reminiscent of the late Mr. "Joey" Hughes.

In everything that Mr. Grant Massie has done at Guy's, he has had the true interests of the hospital at heart. The care which he has devoted to his administrative work (a type of work which we suspect is not always altogether to his liking), the solicitous attention which he has devoted to his patients in the wards and the friendly atmosphere which he has maintained within his firm have assured for him a permanent and assured place amongst the great servants of this Hospital.

As a student Mr. Grant Massie had a brilliant career acting as a part-time demonstrator of Physiology and, in 1920, winning the

Treasurer's Gold Medal in Clinical Surgery. After qualification, he became House Surgeon to Mr. Rowlands who was, at that time, perhaps technically the most highly endowed of Guy's surgeons and who no doubt initiated Mr. Grant Massie into the delicacies of surgical technique of which, for the rest of his life, he was such a splendid exemplar. As a Demonstrator in Anatomy, Mr. Grant Massie achieved great distinction and published a book on surgical anatomy which is still widely consulted all the world over, and made for him an international reputation.

In 1927, Mr. Grant Massie became Clinical Tutor to the Guy's Final Fellowship Class which had been started by—as he then was—Mr. Ogilvie a few years before. It was in this field that Mr. Grant Massie's reputation as a great clinical teacher became established and those of us who have travelled over the world are always delighted at the number of eminent surgeons whom we meet and who recall with such pleasure and appreciation the fine instruction in surgical principles which they received at this time from his hands. Indeed, the reputation of the Fellowship Class reached its zenith under his wise and enthusiastic guidance.

Before the War, there was a strongly established convention at Guy's Hospital that if a man did not get on the staff by the age of 35, it was too late. In 1930, there was no vacancy on the general surgical staff and Mr. Grant Massie was approaching the crucial age. It was obvious to the members of the Guy's staff that Mr. Grant Massie must be kept at Guy's, and because of his great interest in and wide knowledge of orthopaedics, he was in November 1930 appointed Assistant Surgeon to the Orthopaedic Department, thereby securing his services for the Hospital for the rest of his professional life.

In 1933 Mr. Grant Massie transferred to General Surgery and in 1945 was appointed full surgeon. During the War, he joined the army during the first few months and subsequently achieved great distinction, reaching the rank of Brigadier and holding the appointments of Consultant Surgeon to India Command and to the 11th Army Corps. In recognition of these distinguished services, he was awarded the C.B.E. in 1944.

No account of Mr. Grant Massie's influence in this Hospital would be complete without reference to his constant regard for the ethical and the aesthetic standards of life. Not only has he been a splendid example to generations of Guy's men in the surgical field, but also in the general conduct of affairs. In saying farewell to him, we wish him many years of health and happiness to assist us in the problems which face us in the future; and perhaps especially to enjoy those excursions to Italy and Holland where he may wander through the galleries which he knows so well, and devote a little more time to an appreciation of the artistic treasures which he loves so well.

H.J.B.A.

GRANT MASSIE, *C.B.E.*, F.R.C.S., M.S.

"G. M."

In Theatres :

'I have not seen a tumour such as this since long before the war when I did see one of somewhat similar configuration at the other hospital to which I go'.

'This is quite frightful'.

'I am very fond of the extra stitch'.

'Don't hand me the instruments as if it was a piece of jelly which you did not like'.

In Job :

'No Sir, no surgical operation requiring a general anaesthetic is a minor operation'.

'On palpation of the abdomen there is tumification; what Mr. Dresser is its signification ? '

'How many cases of this extraordinary condition have you seen ? '

Dresser : 'None Sir'.

'Quite right, that is exactly the number that you should have seen'.

At Out-patients :

'This patient, whom I recall well as a very efficient nurse, is the wife of a Guy's doctor who was a dresser on my firm upon whose son I performed an operation before he became a dental student at Guy's'.

'This patient is referred to me by a doctor who was once my house surgeon and is very good'.

'This patient is referred to me by a doctor whom I do not know ! '

At tea in the Take In Flat :

'It is only a few months since you were a dresser on my firm and now you are my house surgeon; and it is only a few months since I taught your father Anatomy. It really is quite remarkable yet it happens all the time'.

'The more I see, the less I know I know'.

'They always laugh when I say "This quite extraordinary" ; but it is true—all surgical cases are extraordinary'.

'Have you ever sailed across the Aegean in a small boat ? '

'I was house surgeon to Rowlandson, whom I worshipped, indeed I loved'.

which is what his house surgeons will say of him.

CHRISTMAS AT GUY'S

The medical wards tend to be decorated (excellently as always) in traditional style, as opposed to the rather more formal schemes which have been used in the New Guy's House. The bay from old London Bridge by the Colonnade has been made to contain a crib: an excellent setting.

Starting on the first floor of the old surgical block, *Addison* is now Bakers Street and Joiners Row. A bakery greets one on the left and a joiners bench (complete with massive hypodermic syringe) on the right. Bakers Street contains the Planetarium with the heavenly twins B. and J. and of course Madame Tussauds, where two popular housemen and many others can be seen.

Going through the fire exit to *Miriam* one is in the jungle, with a wealth of greenery and a quite outstanding array of animals. Leopards, tigers, lions snarl from the floor and walls and monkeys swing from the bedrails (or occasionally pensively on a bed-table). A snake dangles poised to strike, realistic and rather frightening. *Mary*, a ladies ward, is gracefully arrayed with schemes and figures from "Swan Lake", gently leading from the door to the fireplace and on.

Upstairs to *Wilks* annexe (old *Esther*) one finds a white Christmas with three fat snowmen obviously doing well on bedrest and full diet.

In *John* each patient has a nursery rhyme pictured above her head and some rhyms have sprung into three dimensions, in particular Miss Muffet, spider (just above head light, unless you happen to be the A.H.P. working there now), Humpty Dumpty, and 24 blackbirds springing from a pie above the fireplace.

Wilks contains the twelve days of Christmas and alternatively welcomes willing dressers (workers). Starting with a rather two dimensional but impressive partridge in a pear tree (with pears that look good enough to eat), one passes two turtle doves, three French hens (with can-can skirts), an on, by a rather psychotic milk-maid (one of eight), to finish with twelve pipers piping.

Opposite, in *Bright*, are the Christmas pantomimes, with a sparkling Alladins cave to the right of the entrance, lit by two pagodas. Jack and his (trinselly) beanstalk, Cinderella, the goose and the golden egg and Robinson Crusoe are all there. It looks as if the man from Hermaphrodite ward has been in, as Robinson has one of his footprints in front of him.

Leaving the block to go through the park, the little entrance into *Ruth* and *Barnabas* takes one to "Music, Music, Music". The ward is strewn with notes and many discs (mostly "pop") can be seen on the walls. Dr. Mc A's farm, with all its ticks and jerks is discussed in a parody of the well known song.

Climbing tortuously to *Diplock*, the glass screens have been painted (most impressively) with carol motifs. In one corner is "a Xmas pudding", self satisfied and solid. *Caleb* is cartoon land and between them is Father Christmas, Rudolf (rednosed), and a chimney, down which Father Christmas came on Christmas day.

Nuffield has on "D" floor a leg show at the Folies Pigalle, with sunblinds over the door and, faintly seen at the end of the corridor,

a man standing behind one of those none-too-concealing screens which can be seen in any French city street. Father Christmas visits "C" floor and on "B" floor is a spring scene and some carollers. Descending to "A" one comes to the bottom of the sea, almost tangled in fishing net with crabs scuttling by and fish floating placidly. Neptune stands in command.

Down through the tunnels to the *York Clinic* one comes to widely scattered scenes. On the third floor a polar bear lies welcomingly at the door, which leads into the Frozen North. Here are Eskimos and igloos in plenty and polar bears, penguins and seals all mix happily if improbably together. On the second floor one is greeted by an angel on the door and, leaving Hell and Lucifer (the doctors room) on the right, taken to Bethlehem. On the first floor Christmas is celebrated Down Under with an Aboriginal reserve (very hospitable these Aboriginees), kankaroos and Alice Springs. The last was unfortunately not flowing because of a burst pipe.

The first Christmas in New Guy's House has proved a riotous beginning to its illustrious career. With the crisp streamlined efficiency moulded by the old Guy's traditions—cards, ward dinners, and bone picking—all had a wonderful time.

Ward decorations kept well in line with Guy's traditions, with subjects like "Hermaphrodite Ward", "Ye Olde Blue Heart." Owing to the excellence of the plaster in the New Block no sellotape could be used on the walls. So for weeks before Christmas patients were evacuated from their sitting rooms, and man-sized models mass-produced from most available ward equipment.

The real Christmas was celebrated on *Evelyn*, centering on the Crib and Christmas Carols. The glittering effect of several dozen child-sized silver and gold angels, a large stained glass window and a life sized crib, was really beautiful. These were set off by a lorry load of holly, ivy, laurel and mistletoe (also used to great advantage).

Their neighbours, *Cornelius* Ward, seemed preoccupied with being a mixed ward. "The Hermaphrodites" were reminded at every turn of the great lovers of the ages, including Adam and Eve, Santa Claus and Fairy. The patients were tagged with white paint on their feet, but there seemed to be a jumble in the middle of the ward.

The two Obstetric wards, *Martha* and *Astley Cooper* featured "Alice in Wonderland" and "the Water Babies". Both were dominated by ghoulish women—Martha by a Ward Sister who sent two toddlers screaming for their mother; Astley Cooper by a mermaid reminiscent of Miss Bootle 1931. Other supervision on Martha included a doleful caterpillar smoking a Gynaecological hookah (Mr. Blaikely), a mad White Rabbit (Mr. Tomkinson), and a leering Cheshire Cat brandishing mistletoe (Mr. Tatford). The patients took refuge behind collapsing playing cards.

Stars and cars featured on *Dorcas* and *Luke* respectively, the latter provided a Rolls and a Bentley of somewhat familiar proportions. Amongst other attractions on the upper floors were Maigret on *Esther* and *Naaman's* brilliant ice cave.

Job Ward were taught on "the Alphabet of Christmas" and it is not surprising that several of them were seen drifting over to "Ye Olde Blue Heart" (*Lydia*) for the extended licensing hours. If all the advertisers supplied free drinks it is no wonder the women there looked so well.

The irreverence was greatest in "Theatreland", featuring all the Surgeons, Anaesthetists, and Theatre Staff, poetic licence ran wild ("I dreamed I was a Prof. in my Atkiniform bra"). The proceedings were watched with great nostalgia by a deliciously rotund Mr. Grant Massie, due to retire at the end of the year: the only touch of sadness in an otherwise very happy Christmas.

J.P.W., A.C.

THE CHRISTMAS SHOW

By general consent the Show this year was very good. It was, as ever, a triumph of improvisation, but this time more so than usual, since it took place in old *Dorcas*, contemporaneously the Pre-Clinical Classroom, which by permission (Thanks a lot) had been transformed for the nonce (Thanks again) into a very cosy theatre. The east wind cut mighty cold round Sparrick's Row, but a great number of patients and their escorts braved the elements and broke the rules and parked their vehicles in the Colonnade, and squashed themselves inside. Well sustained by turkey and plum pudding and Christmas cake and a little drop of what you fancy they were off the clinical collar for a bit and out for a good time. Nor can any of them have been disappointed: there was something for everyone. We all saw and heard, and the show went at a cracking pace and never flagged at all. In the cold light of next day's dawn some numbers are clearer in the memory than others; no doubt they were better, but last night we came ready to enjoy anything, and we did.

The curtain rose to plunge us at once in medias res— a genuine stage surgical operation, without which no show in hospital would be complete; nor was it long before the patient, was sitting on the edge of the table and joining with the surgeon and the anaesthetist in a disillusioned number about the general unsatisfactoriness of pretty women. In the second item the disillusioned young men were older, but still disillusioned, metamorphosed in fact into Three Prostates cavorting (to a very good lyric) attached to rubber tubes and the familiar bottles filled with multicoloured liquids. The transition was effected by George Klauber who competently and suavely compered the evening. Terry Brown delighted us several times with songs to his own guitar accompaniment. Another must for shows of this sort is young men dressed as nurses. This the management provided once again when four complacently successful Sisters confided to us how to succeed in the profession and get to the top of the tree. By this time the audience could take almost anything— there was a Brains Truss and a chest of Drawers. Four dental types

accomplished a feat of oral legeredemain, the last man in the row somehow contriving to expectorate the toothwashings of the whole company. As against this Sells R., Huddy R., Spurrell R. and Winter J. gave us some comparatively straight songs including Come into the garden Maud, arr. we suppose Sells. The surprising things about this number were the harmonium, the clerical neckwear and the resuscitation of Amy Woodford-Finden; we had forgotten quite what a piece it was—Pale hands I love across the Shalimar. Soon after this your correspondent observed a recognisable impersonation of the Treasurer of the Hospital; and he recalls a number calculated to encourage (or discourage) entrants for the Brighton Walk. Peter Dickinson did an excellent mime—for some moments we wondered where the orchestra was and were quite taken in. Somewhere towards the end there was a naked tramp in a tub, and a certain amount of loose water was thrown about; Peter Inwood, who played the piano a lot, sang two agreeable songs, and Sister Smythe and Barry Blackwell obliged by playing two parlour games, rather successfully, on stage. Finally, we were brought back to what Christmas is really all about by joining in with our entertainers in singing two carols, and where we really were by the strains of the established favourite It's night time in Bermondsey.

Congratulations and thanks to Michael Crowe who produced and acted and wrote lyrics—how these things are done over Christmas we shall never know, but we are grateful that they are. Other people who did a lot were Brian Pound, Mike Shields, Pat Hewlitt, Rita Laine, Brian Taylor (assistant producer), Chris Boothby, Gordon Reeves, Brian Pound, Julia Rice and David Fagan. There were no doubt others who have no memorial, their names lost forever in the obscurity of the producer's MS.

A.J.M.S.

Fifty Years Ago

(*From Gazette issue 23rd December, 1911*).

"What are you going to do ?" asked the A.H.S. for about the tenth time.

"Goin' 'ome" said the patient.

"What ! To die ?" said the A.H.S.

"No, tomorrow" said the patient.

RESEARCH AT GUY'S

Physics . . .

As in other Departments, research in Physics tends to fall into two categories: work on fundamental problems which have arisen in the course of the increasing applications of physics in medicine, and investigations necessary to provide answers to questions put to the Department in its consultative capacity.

At present, the first of these categories is concerned largely with the effects of radiations (of all kinds) on biologically important substances, both *in vitro* and *in vivo*. One group, led by Dr. S. J. Wyard and financed largely by the British Empire Cancer Campaign, is applying the new method of electron spin resonance (e.s.r.) spectroscopy to elucidate what happens when ionising radiations are absorbed in water, since this must form a basis for much of their biological effect. When dilute aqueous solutions are irradiated with ionising radiations, chemical evidence suggests that free radicals are formed in the water immediately after the initial ionisation process; but as these free radicals have a very short life, measured in fractions of millionths of a second, it is difficult to demonstrate their presence physically. Free radicals, however, are characterised by having one odd spinning electron as compared with stable compounds in which the electrons usually go in pairs with the spins in opposite senses. In the electron spin resonance spectrometer the spin of this unpaired electron can be detected by placing the substance in a powerful magnetic field and passing through it electromagnetic waves of short-wave radio or radar frequencies. Resonance occurs for the correct combination of frequency and field. In order to preserve the radicals, the experiments are made at the temperature of liquid air when they are "frozen in" and prevented from diffusing into reaction proximity of other radicals.

Dr. R. Smith, using a spectrometer built at Guy's and working with 3 cm waves, has recently completed experiments which not only demonstrated the real existence of free radicals in irradiated water and aqueous hydrogen peroxide solutions but also enabled him to identify them, and to demonstrate their distribution and orientation in the frozen material.

Another way in which free radicals can be prevented from reacting immediately they are formed is to produce them in crystals. Mr. D. Russell, M.Sc., is growing single crystals of biological materials which can be orientated very precisely in the magnetic field of a more sensitive spectrometer, built by Dr. E. H. Grant, which uses a wavelength of only 8 mm. The very powerful magnet in this instrument was purchased with a grant of some £800 from the Central Research Fund of London University.

Some organic materials (*e.g.* coal), contain stable free radicals, and in others stable radicals can be produced by irradiation. Miss M. J. Hill, B.A., is studying some which have the unusual property of being stable in solution at room temperature including those in methylene blue and riboflavin. She is also constructing a portable spectrometer to work with 100 cm waves, which will enable free radicals to be studied during (instead of after) their production by irradiation.

Turning to *in vivo* effects of radiations, Miss J. Cockcroft, M.A., (now Mrs. Blackburn and at the Strangeways Research Laboratory, Cambridge) and Professor Allsopp initiated work on radiation damage to growing bone in mice. The hind legs of young mice were irradiated and the subsequent effect on uptake of calcium in the knee joint was followed by means of radioactive calcium-45. This work is being continued by Mr. A. B. Wells, B.A., who in addition makes direct measurements of the growth (or the inhibition of growth) of the tibiae on radiographs. Mr. Wells is also following up another problem formerly investigated by Professor Allsopp: the nature of the products (which were demonstrated to be carcinogenic) of ultraviolet radiolysis of carcinogenic hydrocarbons.

A knowledge of the dielectric properties of materials is important in various ways, *e.g.*, in the detection and measurement of the electrical discharges in muscle and nerve, and for the proper understanding of the therapeutic action of short-wave diathermy. Measurement of the dielectric constant and relaxation time can also be used to give information concerning the nature and magnitude of the chemical bonding present. Miss M. Aaron, B.Sc., and Dr. E. H. Grant are resuming some earlier work done by Dr. Grant at radiation frequencies in the ranges employed for medical purposes. They will be assisted in this by Mr. R. Shack, M.Sc., of the Royal Veterinary College.

Dr. A. Nightingale (now at St. Thomas's Hospital) collaborated for many years with Dr. J. Joseph (Anatomy Department) in recording and analysing electromyographic potentials, in connection with which he did a considerable amount of work on the suppression of "noise" (*i.e.*, spurious electrical signals generated inside the recording apparatus itself). Mr. C. K. Battye, M.Sc., and Mr. R. E. George, A.M.Brit. I.R.E., have extended this work by investigating noise sources in transistor amplifiers which has led to the development of amplifiers of very high sensitivity. These are now being further applied in apparatus for radio-telemetering physiological signals and in apparatus being developed to assist function in partially denervated limb muscles. Mr. P. Cross, B.Sc., has given assistance with this work, which is supported by the Polio Foundation. Mr. Battye is also reinvestigating some aspects of the old problem of active transport across membranes, employing modern measuring techniques.

Although the physicists who work in the Radiotherapy Department have recently been kept very busy with the installation of new equipment and the move into New Guy's House, Dr. P. G. Lale has been able to make measurements of the constant "W", an accurate value of which for various types of radiation is necessary in the absolute

specifications of radiation doses. Mr. R. Worsnop, M.A. (Principal Physicist) and Dr. Lale are looking into the possibility of using mega-voltage radiations derived from the linear accelerator for diagnostic purposes. Theoretical considerations suggest that these radiations should have certain advantages in soft-tissue radiology. Earlier efforts to improve on existing radiological techniques by means of xerography, which was developed in the Physics Department by Mr. R. W. Stanford, M.A. (now at the Royal Perth Hospital, Western Australia) and Mr. R. W. Moore, B.Sc. (now at Aberdeen University), unfortunately proved to have serious disadvantages which at present contra-indicate its use for clinical purposes.

Space will only allow a brief reference to the *ad hoc* "consultative" researches done in the Department. Many of these, though valuable to the recipients of the results, do not break fresh ground. The electromyographic equipment in the Physical Medicine Department, and the ballistocardiograph in the Cardiac Department, however, are evidences of a great deal of work in Applied Physics done, *inter alia*, by Dr. Nightingale, Mr. Battye, Mr. George and Mr. Moore. Miss A. E. Bowley, M.Sc., supported by the Medical Research Council, is now investigating the possibility of using the recently introduced semi-conductor thermocouples in a cooling unit for producing hypothermia, for which they would appear to provide a greater degree of control than the methods currently in use; and Miss Hill, collaborating with Dr. I. McColl (recently of the Anatomy Department) has carried out a preliminary investigation into the possibility of detecting gall-stones in the common bile duct at surgery by an ultrasonic echo-sounding method.

Finally, no account of research in the Physics Department would be complete without some reference to the many activities of Mr. K. Twinn, the Radiological Technician to the Medical School. These are well known in many Departments; but it should be recorded that, in addition to the radiation surveys which he makes in the Hospital and School, the basic investigations on such matters as the polar distribution of scattered radiation around a patient and the polar response of X-ray film-screen combinations, needed for the survey of Radiation Hazards in Dental Radiology which was carried out recently by Mr. Stanford and Professor Allsopp on behalf of Lord Adrian's Committee, were made by Mr. Twinn, without whose skilful knowledge the survey could not have been completed so successfully and with so little inconvenience to the many practising dentists (and their patients) who collaborated.

OBITER DICTUM

Heard in Cambridge :

"Oh I know *Guy's Gazette*—its the one which looks like the *Boy's Brigade Magazine*, but which hasn't got such nice pictures."

SOME MORE ABOUT BOOKS

Perhaps one may be forgiven for beginning and ending with quotations on books :

"It has been said a long time ago that books have their fate. They have, and it is very much like the destiny of man. They share with us the great uncertainty of ignominy or glory—of severe justice and senseless persecution—of calumny and misunderstanding—the shame of underserved success. Of all the inanimate objects, of all men's creations, books are the nearest to us, for they contain our very thought, our ambitions, our indignations, our fidelity to truth, and our persistent leaning towards error. But, most of all, they resemble us in their precarious hold on life . . . No secret of eternal life for our books can be found amongst the formulas of art any more than for our bodies in a prescribed combination of drugs."

If any apology is needed for this long quotation it is that it came from a book of essays by Joseph Conrad which happened to be opened at random at that particular spot.

Conrad of course enjoyed his heyday at the beginning of the century, and is now coming again into his own, as well he may both for his narrative powers and for the beauty and lucidity of his prose. He was still further brought to mind in the present instance by the acquisition of a little paperback called "The Congo Disaster", in order to keep *au courant* with events in the Congo. In the first chapter came the reminder that, as far back as 1890, Conrad had prophesied disaster in the Congo and had incorporated his fear in two books—"An Outpost of Progress" and "Heart of Darkness". The Congo of those days, however, no longer exists. "The Nigger of the Narcissus"—still talking of the works of Conrad, who at the present juncture would dare to use the title "Nigger"? According to Peter Simple of the *Daily Telegraph*, "nigger" has now become one of the "dirty" words, though perhaps not so dirty as the novel which stimulated the thought. One must confess to feeling a kind of mental self-consciousness today when wishing to describe a member of the dark-skinned races: "Nigger", "negro", "black man", "man of colour", "coloured man" seem to be all taboo. A kind of negrophilia seems to be in the air as if all black men were necessarily virtuous and all white men essentially vicious where their relations to each other are concerned. Harking back for a moment to *Lady Chatterley's Lover*" hinted at above. One has to realise that this had its aphrodisiac properties even in its expurgated edition, and contemplating the huge demand made for this book following its defence by literary people on literary grounds is to realise that Milton little knew what he was doing when he wrote his *Areopagitica* as a "defence of unlicensed printing". "Lady Chatterley's Lover" is surely one of the books which Conrad would have stigmatised as having earned "the shame of undeserved success".

To be able to browse at leisure in bookshops is one of the occasional joys of those retired from regular practice. One's eyes travel over the backs of multifarious volumes and the titles one sees evoke memories of something that one has perhaps read of in the more reputable Sunday papers. We carry the book home in triumph only to find that the story of someone who found room at the top was not the success-story we had imagined, but merely one long pornographic record built into a very well-constructed novel. It is incidentally, a credit to British actresses that the continent had to be scoured to find someone to take the part of the meretricious female who figures in it. On some other occasion, "The Woman of Rome" is gathered in, written by "one of the leading Italian novelists", we read somewhere. It might be thought that one was possessed of some special proclivity towards this kind of book which appears in essence to be a more or less factual account of the life of a prostitute. We are not prudes. Is any doctor ever really a prude ? But will this sort of thing never cease either in the literature or the theatre of today, or must we limply agree with what Horace said 2,000 years ago: "You can drive out Nature with a pitchfork, but it will always come back." Kitchen sink drama now seems to take its place with kitchen sink art.

Some of us may visit Capri to see the one time home of the Emperor Tiberius. Others may go to see the home of a once well-known music hall artiste, whilst if one goes with an organised tour, one may incur the doubtful privilege of having visits to both thrust upon one. To the more literary-minded probably the name of Norman Douglas who died in 1955 is largely associated with Capri.

A satirical, cynical writer with great powers of observation, he is perhaps seen to best advantage in his "Old Calabria" where he described his own peregrinations on foot, reminiscent perhaps in some ways of George Borrow tramping "With the Bible in Spain", or roaming around "Wild Wales". To some his "Old Calabria" is marred by his own anti-Christian prejudices and the excessive space which he devotes to them. "How these Christians hate one another", it was once said, but it is amazing what spleen is shown towards Christianity by Atheists. They never seem to weary of thrusting upon you their own dreary lack of any religious faith which is in complete contrast with the equanimity of the average Christian when discussing religion. In "Siren Land" Douglas tries to rehabilitate the character of Tiberius, somewhat tarnished as it appears to have been during his sojourn on Capri. "South Wind" is probably his best-known work.

Who today reads the "Autocrat" Series, of that once-eminent American physician Oliver Wendell Holmes who, if he did not pre-date, was at any rate contemporaneous with Semmelweiss in realising that puerperal fever was essentially an infection ? The three volumes, the Autocrat, the Professor and the Poet at the Breakfast Table purport to be conversations covering all kinds of subjects, recondite, amusing, informative. We are introduced to various imaginary individuals of different professions living in the same boarding house, who are made to talk and skilfully drawn out by the anonymous interlocutor, presumably the doctor himself. Whoever has not yet read these little classics has a treat in store.

The name of that former Oxford don, Walter Pater, is little heard of today though his art criticism is still highly thought of, especially his essay on the Mona Lisa, and he is occasionally cited for his influence on English literature at the beginning of the century and earlier. He was the scholar-artist, and intellectual aesthete, a self-conscious stylist who wrote a somewhat mannered prose which produced a state of exaltation in some and irritated others. If some people think, in the Biblical phrase, that "All things work together for good to serve the Lord". Walter Pater thought that all things tended mainly towards Beauty and were created to subserve that purpose, under Divine Guidance. These views he modified somewhat later as he came under the influence of the Rationalists and advancing science. Amongst his best known works are a series of Essays called "Appreciations". in which are included one on the author of "Religio Medici" and an often-quoted essay on literary style. Equally well-known are his essays on "The Renaissance" and a slim volume called "Marius the Epicurean". He was usually to be seen in the streets of Oxford wearing a black frock coat, a bright green tie and a top hat. History does not record whether he also wore brown boots.

Two French authors seem to figure increasingly today in any literary article or discussion and these are Baudelaire, a poet, and Flaubert, known chiefly as being the author of "Madame Bovary". It is just over a hundred years ago since Baudelaire produced his best-known work, "Les Fleurs du Mal". He has had a devout disciple in this country in the person of the Oxford don Enid Starkie, who recently brought out a volume of six hundred pages on his life and works. To some, Aldous Huxley in particular, Baudelaire was "the prince of Satanists". Enid Starkie, however, claims to have revealed "the great Christian poet" who lies beneath. He was the victim of a mother-fixation and incidentally of Syphilis, which he passed on to his negro mistress and whom he had to support in consequence when he was already riddled with debt; a strange, sad life full of doubts and perplexities of all kinds and terminated by a stroke at the age of forty-six.

Most readers of *The Gazette* will have read that depressing story called "Madame Bovary" and probably in the original French too, if they wished to try and savour the full flavour of that supreme literary style of which it is supposed to be an example, and which sometimes, we are told, led Flaubert to spend hours of mental torture seeking to find and polish the exact phrase, *le mot juste* as he conceived it. It is a sad tale of the repeated infidelities of a wife, not altogether unlike "Lady Chatterley's Lover", except that in this case the marital bog into which Madame Bovary allowed herself to sink ended finally in her own suicide. One feels pity for the cuckold doctor husband who led the routine humdrum life which so many doctors have to lead and who failed to produce the romantic existence envisaged by his empty-headed little wife.

"Books are fatal, they are the curse of the human race. Nine tenths of existing books are nonsense and the clever books are the refutation of the nonsense. The greatest misfortune that ever befel man was the invention of printing."

Who can doubt but that Disraeli had his tongue in his cheek when he put the above words into the mouth of one of the characters in his novel, "Lothair."

G.L.D.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Late Miss Hilda Gration

SIR,—As Miss Hilda Gration was so beloved, and well known to so many Guy's men and women, I think it would be appreciated if I could make reference to the Memorial Service which was held in the Guy's Hospital Chapel on Tuesday, 12th December. The Service was conducted by the Chaplain, the Rev. J. Saint and the lesson was read by the Archdeacon Sands, and Miss F. Taylor paid a most beautiful tribute to Miss Gration.

Although the Service was well attended by many of Miss Gration's friends, many others, from all parts of the country who were unable to attend, were with us in spirit.

Yours etc.,

J. ADDISON,

Matron.

Matron's Office,
Guy's Hospital, S.E.1.

'Paper-Backs'

SIR,—From the heart of rural Devon it is both perplexing and fascinating to ponder over the bedside reading matter of the Editors of the *Gazette*.

In practically every issue we are informed of the latest receipts of fiction from one particular publishing house.

The one in front of me—as I write—reads like a series of sub-titles to a code of ethics prepared for a junior dresser about to undertake his first digital examination. "Goldfinger." "The Intruder," . . . .

We suffer your pleasurable acknowledgements of receipt of same, breathe sighs of relief that as yet none are reviewed under the nom-de-plume of partial anonymity and at the same time wonder how many more published receipt lists of such publications we will see in the next decade.

As an example of "50 years ago" they may provide interesting retrospective information of their Grandfather's leisure activities in the year 2111 A.D. Perhaps I am neither urban nor urbane but I question this repeated affront to the intelligence of Guy's men past and present.

Yours etc.,

C. KEITH MILLMAN.

"Chakdina,"
Buckwell Road, Kingsbridge.

[*Regrettably the hum-drum life of the Editors does not permit bedside reading of this nature. We are far too busy eavesdropping on nocturnal Obiter Dicta and poring over back numbers for '50 years ago'. The publications to which Mr. Millman refers are extremely welcome gifts from the publishing company, and they are passed straight on to the patients' library. Mr. Millman's sighs of relief are unjustified—occasionally our Review column is leavened by a review of one or two of these delightful books; perhaps Mr. Millman himself might like to assume the partial anonymity of the nom-de-plume and review the next one which we think fit for sending through the post. Have faith in your grandchildren, Mr. Millman!* ED.]

REVIEWS

A Short Manual of Venereal Diseases and Treponematoses. By R. C. L. BATCHELOR and M. MURRELL. Livingstone. 2nd Edition, 1961. *Price* 25*s.*

The illustrations are excellent, and the general lay-out of the book is clear, but in the authors' claim that it will suit both nurses and doctors, it inevitably falls short. How many doctors, indeed nurses, need to be told that the cause of Syphilis is a "tiny actively mobile germ" ?

As an approach to Venereal Diseases and Treponematosis the descriptions are lucid, but I feel that the section on pre-penicillin treatment of Syphilis has as much nostalgia as therapeutics attached to it. Another puzzling feature is the space devoted to the performance of venipunctures (3 pages) and intramuscular injections (one page) which any student or nurse reading this book for professional reasons would probably be adept at performing.

Lastly, the etymologist's *bête noire* appears in the form of "Syphilologist", a term used, which is not only unnecessary but frankly cacophonous.

At 25 shillings, this book can be recommended to a nurse specialising in attendance at a V.D. Clinic, but otherwise the field is as adequately covered in the larger textbooks in general use.

R.W.

Handbook of Dental Pharmacology and Thereapeutics. By R. GOULDING. Published by Messrs. William Heinemann Medical Books Ltd.

The tremendous and continued growth in our knowledge of drugs and their clinical application has created new problems in medical education. It is well realised the clinicians should not only have an adequate knowledge of these many remedies, but that they should also have sufficient basic understanding of the subject to assess the claims for, and potentialities of, new substances and combinations of substances which are constantly being presented to them by an active pharmaceutical industry, who are doing much of the applied research work and have naturally to claim the financial support and reward for this. In medicine these difficulties are being solved, it is hoped, by a broader education in basic pharmacological principles and their practical applications.

To what extent do these problems apply to dentistry? The range of drugs which the dentist will use is, of course, much more limited and the temptation is to teach the main facts about these and little else. There seem to be three main reasons why this is not satisfactory, namely: (1) That even with the limited scope of drugs used, dentists are being constantly presented with new preparations and combinations, the value of which they may be ill-equipped to assess. (2) That they are frequently dealing with patients who are being treated for other conditions with drugs whose action may be modified by oral surgery. The adrenal steroids are a good example of this. (3) That an empirical and purely practical approach will not tend to develop the spirit of interest and inquisitiveness which will lead to investigation and new discovery, surely badly needed in dentistry.

It is obvious that Dr. Goulding has been aware of some of these problems, when planning a book on dental pharmacology which will be informative, yet reasonable in size. He writes for example "The pharmacology of obtundants is bedevilled with an almost complete lack of their objective and critical evaluation. . . . their particular selection depends more on precept and habit than upon any careful assessment of their relative merits." There is a short introductory chapter in which there is a very brief discussion of the absorption and fate of drugs and the measurement of their toxicity, as well as the pitfalls of therapeutic trails. Not only does the book deal with drugs commonly used in dentistry, but with others such as those acting on the cardio-vascular system, vitamins and adrenal corticoids. There is a chapter on the autonomic nervous system, strangely put near the end, rather than the beginning of the book.

The book gives a description of the properties, pharmacology and therapeutics of many substances and their application to dentistry is also frequently discussed. For this it can be thoroughly recommended. It is to be hoped that in the next edition there will be room for some discussion of body fluids, electrolytes and the actions of diuretics.

J.M.R.

Management of Medical Emergencies. By J. C. SHARPE. Published by McCraw-Hill Publishing Co. Ltd. *Price* 76*s.*

This American book is divided into five sections which deal with acute emergencies arising from disease in nervous, cardiovascular, alimentary and respiratory systems. For those who like statistics it includes 47 causes of coma, 59 causes of acute chest pain, 223 references at the back of the sections of which over 80 per cent are American.

The material is lucidly presented and each chapter has a similar format. Although some may find section headings—"What it is; what to look for; and what to consider; etc."—a little tedious, few will have any complaint about the matter contained. The small sections on prognosis—"What to expect"—are particularly useful. Although some of the drug names are unfamiliar to British eyes, this does not detract greatly from the text, though American publishers would earn the gratitude of British readers if a glossary were appended at the end of the book.

Some of the best chapters deal with the comatose patient, acute barbiturate poisoning and alcoholic intoxication, which makes the book particularly useful to those who are newly qualified, and to casualty officers. I would recommend this book and I imagine that the only factor which will prevent it finding its way to the majority of pockets is the price, for although it is well produced, 76*s.* is a little prohibitive.

A.J.B.

Forensic Medicine. By KEITH SIMPSON. Edward Arnold. Fourth Edition. *Price* 32*s.* 6*d.*

Everybody knows that this is the best textbook on Forensic medicine for the non-specialist. All the important facts are included and yet it remains as readable as a novel because of its elegant prose style and vivid illustrations. It is also enlivened by Dr. Simpson's particular brand of dead-pan humour which is so individual that those who have heard him lecture will almost be able to hear the intonations of his voice as they read.

Having said all this, it may seem churlish to question whether this should really be called a new edition. In the preface Dr. Simpson writes "I have been spurred to keep abreast of the times . . . " from which one might be led to expect much new material revealing the very latest forensic techniques and some of the new subtleties devised by the criminal to allay suspicion. It is, therefore, disappointing to find that "keeping abreast of the times" only involved sandwiching into the old text a two page summary of the 1959 Mental Health Act and a one page summary of the 1960 Poisons Rules. These are obviously most useful additions but do the really constitute a new edition of the book ?

Is it possible that this is an example of New-editionmanship. After all second hand copies of the old edition will now be quite unsaleable and presumably there will be new reviews in all the medical press. Perhaps it should be called the third edition reprinted with amendments and that should be good enough as the third edition was awarded the Swiney Prize of the Royal Society of Arts.

J.G.F.

The Physiological Regulation of Salivary Secretions in Man. By ALEXANDER C. KERR. Pergaman Press. *Price* 40*s.*

This short monograph is an excellent example of how to conduct a research project. It begins each aspect of the problem with a critical appraisal of the previous work on the subject, and goes on to discuss the experimental methods actually used, the results obtained, and their interpretation.

The result is that one is left with a clear concept of the factors believed to be responsible for the regulation of salivation. Thus to take just one example, it is shown conclusively that, contrary to popular belief, salivation is not increased by the presentation of the idea of food to the subject. The apparent increase probably being due to an awareness, on the part of the subject, of the normal process of salivation, when his thoughts are focussed on his mouth.

It is with regret that I record the untimely death in February, 1961, of Dr. Alexander C. Kerr, thus depriving science of a very able research worker.

D.R.T.

SPORT

BOAT CLUB

ANNUAL DINNER

The Annual Dinner of the Boat Club was held on Tuesday, 12th December, 1961, at "The Grapes", in St. Thomas's Street. Over 30 members enjoyed an excellent dinner in very pleasant surroundings, their only disappointment being that the club's President, Mr. J. W. Mansie, could not be with them through illness. The guests included the Captain and Vice-Captain of the University College and Hospital Boat Club. Mr. C. D. Hawes, the club captain, reviewed the past year's activities and outlined the club's ambitious plans for the coming months.

HOSPITAL INFORMATION

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Marc Daniels Lecture

Dr. Wallace Fox will give a Marc Daniels Lecture on Tuesday, 9th January, at 5 p.m. He will speak on Studies on the Chemotherapy and Epidemiology of Tuberculosis.

PASS LIST

UNIVERSITY OF LONDON

M.S.

R. Y. Calne

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

December, 1961

Surgery

*P. P. Fenning

*Has completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

J. D. Ellis
D. C. Humphrey
S. J. Lam
P. J. Stiles
J. P. A. Weaver
Dorothy J. Whitney

F.R.C.S. (Otolaryngology)

Doreen A. Birch
J. A. M. Martin

UNIVERSITY OF CAMBRIDGE

M.D.

B. O. L. Duke

UNIVERSITY OF OXFORD

Medicine, Surgery and Midwifery

Michaelmas Term, 1961

J. G. F. Fraser

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

December, 1961

Anatomy

M. M. Walker

Physiology

J. M. Crawshaw
M. M. Walker

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

D.Obst.

B. R. Burcombe
G. B. Clinton Jones
C. E. Harley
P. W. R. Harris
M. C. H. Jackson
A. W. McKenzie
R. H. Morgan
T. G. Nash
J. C. Oakley
S. O'Connell
C. J. Rowland
Margaret H. Smith

ROYAL COLLEGE OF SURGEONS OF CANADA

Specialist Certification in General Surgery

V. H. Bartley

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

November, 1961

Anatomy and Physiology

D. M. Balean
D. J. C. Barnes
R. Becker
M. J. Breeze
R. Brown
C. J. G. Coe
R. F. Davey
P. D. Davies
Margaret J. Evans
A. R. Fisher
Helen M. Gray
K. C. J. Hughes
R. S. Hunt
R. E. King
R. Morris
R. J. Muya
Jennifer J. Myers
S. L. R. Oakenfull
M. J. C. Purnell
F. M. Titley
C. S. Warden

Pass List—continued.

Special Anatomy and Physiology

R. Becker	Christine M. Jones
R. Brown	R. E. King
R. F. Davey	R. Morris
P. D. Davies	R. J. Muya
Margaret J. Evans	J. J. Myers
A. R. Fisher	S. L. R. Oakenfull
B. D. Fitzgerald	M. J. C. Purnell
Helen M. Gray	F. M. Titley
Priscilla M. Heather	C. S. Warden
P. Inward	P. J. Wren

Second Examination

December, 1961

M. J. Burke	E. S. Price
Jean M. Callieu	H. J. Pritchard
G. Hadshar	R. G. Shepherd
R. A. Porter	J. F. Varnes

PAPERS BY GUY'S MEN

In order to make this list as complete as possible. Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Baker, R. W. R. and Gower, D. B. Gas Chromatography of Androst-16-en-3α-ol and Related Steroids. *Nature*, 1961, **192**, 1074.

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van't Hoff, W. and another. Chromophobe Adenoma and Hyponatraemia. *Clin. Sci.*, 1961, **21**, 345.

PERSONAL

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Jack White, M.A., L.D.S., Kentwater, Holtye Road, East Grinstead, Sussex. Tel.: East Grinstead 558.

BIRTHS

BUSH.—On 13th December, 1961, at Edgware General Hospital, to Margaret Jo (née Jones, S.R.N.), and Michael Bush, M.B., B.S., D.C.H., a daughter (Sarah Elizabeth), a sister for Peter.

DOBSON.—On 8th December, 1961, at Guy's Hospital, to Kate and Bill Dobson, L.D.S., a son (Nicholas William).

MORTON.—On 23rd June, 1961, to Shirley (née Young), and Oswald Morton, M.B., B.S., a daughter (Nicola Rosalind).

DEATH

BEVERS.—On 13th December, 1961, Edmund C. Bevers, C.B.E., F.R.C.S., aged 85 years.

IN MEMORIAM

In memory of Mr. S. F. Ireland, of the Gordon Museum, who was taken suddenly from us on 6th January, 1961. Sadly missed by his wife and friends.

EDS. { R.A.S. D.J.P.B.